



REIMBURSEMENT REQUEST FORM (SAMPLE FORM)

DATE: **January 4, 2019** Child's Name (First Name Only): Michael Age: 15

Payable to Name: **Mary and David Fosters**

Mailing Address: **1313 Mockingbird Lane**

City: **Ventura** State: **CA** Zip code: **90000** Phone Number: **(805) 865-5309**

Amount requested: \$**235.43**

PURPOSE OF REQUEST:

Softball Registration for Male/Female - \$165.00 and Softball glove \$70.43

By signing this document, you are aware that Children's Services Auxiliary (CSA) is not associated with Children & Family Services (CFS) of Ventura County. CSA, which in this situation includes our accounting firm, will have access to the information provided on this form. We will not disclose information to anyone outside of CFS, CSA and our accounting firm without your written consent.

SUBMITTED BY: *Mary D. Foster*

Submit Claim ONCE ONLY via any of the following:

Mail: Foster VC Kids or Email: hsa-cfs-resources@ventura.org
4651 Telephone Rd, Suite 300
Ventura, CA 93004
(805) 654-3220

CSA Office Use only – DO NOT WRITE Below this point:

Eligible (choose 1): ILP or Auxiliary

BUDGET NUMBER: # _____ CATEGORY: _____

Verified By: _____

CSA Approval (Initials): _____ Amount: \$ _____

CSA Denial (Initials): _____ Amount: \$ _____

Comments: _____