

**CAREGIVER'S SUPPLEMENTARY EXPENDITURE AFFIDAVIT**

Name of Caregiver:	Name of Child:	DATE:
Caregiver TIPS Number:	Child TIPS Number:	From: To:

**Transportation (Include Only Travel Approved by OCS)**

Date	Destination and Purpose of Travel	Odometer Reading		Miles Travel or Fare*	Amount
		Departure	Arrival		
<b>TOTAL</b>				_____ x _____	

**If approved travel is by bus, train, plane, taxi, etc., enter the amount of fare.**

Educational Expenses*	Medical*	Clothing*	Other Incidental Needs*
<b>TOTAL COSTS</b>			

<b>Retainer Home Visitation - Date(s) of Visit(s):</b>				

\*Receipts must be attached for each expenditure with child's name, store name, clerk's name or number and amount. The receipts are to be itemized.

**Receipts over 90 days will not be paid or reimbursed.**

\*\*Purchases of clothing and other incidental needs for which you are requesting reimbursement require prior approval from the Office of Community Services.

I certify that these expenses were made by the above-named, that the child has received the benefits from them and that the prices of purchases are no higher than prices for the same quality of goods and services at other places where I could reasonably trade.	<b>Caregiver Signature</b>	<b>Date</b>
--	----------------------------	-------------