

PIONEER YOUTH & ADULT COMMUNITY SERVICES

3030 South Main Street #400 Salt Lake City Utah 84115 Phone: (801) 474-2500 Fax: (801) 474-9117

CLOTHING REIMBURSEMENT FORM

Use one form for each child

Client Name: _____ Date: _____
(Receipt was submitted)

Check made payable TO _____
(Proctor name as it should appear on the check)

TOTAL AMOUNT of receipts \$ _____ Clothing [] Special Needs [] Other []

Please list items purchased below

Attach Receipt

New Inventory Items

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I have received my clothing allowance and my personal needs allowance of \$ _____. My signing affirms that these funds have been spent correctly.

Proctor Parent Signature/ Date

Client Signature/ Date