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| **C:\Users\veronica\Downloads\GH Logo (3).jpg** | **GRACIOUS HEART RESOURCE FAMILY AGENCY** |

**Clothing Receipts**

**Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Child: | Resource Parent: |
| ASW: | Date Submitted: |

**Please check one:** use separate Clothing Receipts form if you are turning in both Monthly and Quarterly County Clothing Receipts.

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|  [ ]  **Monthly Clothing Receipts**  Amount Spent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Original receipts** are to be submitted to ASW no later than the 10th of the month.
* **ASW’s** will verify a **minimum of $60.00** has been spent for the month on clothing and making sure that receipts have no other merchandise listed aside from clothing.
* Each child’s clothing must be on a **separate receipt**, there will be **no split receipts**.
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|  [ ]  **Quarterly County Clothing Receipts:** (if checked, please complete below) Amount of the County Clothing Check: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Spent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Original receipts** are to be submitted to ASW no later than 30 days after payment is received.
* **ASW’s** will verify the **correct amount** of receipts is submitted and making sure that receipts have no other merchandise listed aside from clothing.
* Each child’s clothing must be on a **separate receipt**, there will be **no split receipts**.
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**Please tape receipts to the back of this form**

**Social Worker Signature Resource Parent Signature**

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