HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT FOSTER CARE PROGRAM
MISCELLANEOUS EXPENDITURE REIMBURSEMENT REQUEST

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Case Number</th>
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<tbody>
<tr>
<td>Child's Case Worker</td>
<td>Date</td>
</tr>
<tr>
<td>Worker's Authorization Signature</td>
<td>Supervisor's Approval Signature</td>
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</tbody>
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ATTACH RECEIPTS FOR APPROVED EXPENDITURES

ITEMIZE EXPENDITURES - Include dates of service, mileage, etc. AMOUNT

I hereby acknowledge receipt of the above services and/or commodities for the above-named child.

__________________________
Signature

Foster parents are urged to submit this voucher as soon as possible to avoid delay in payment.

Return form to:
Social Worker of Foster Parent using Respite

Mailing address:
300 S. 6th St. MC
Minneapolis, MN 55487