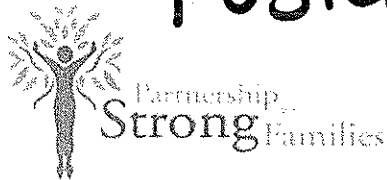


Foster Parent Example



EXPENSE REIMBURSEMENT LOG

(Your Name) Bob Scott
Employee Name:

Title: Foster Parent

Month: June

Unit/Dept.: N.A.

Date of Purchase	Vendor/Store	Purchase Made by	Reason for Purchase	Account/Sub-Acct.	Amount of Purchase
<u>6/5/08</u>	<u>Foster Parent College</u>	<u>Bob Scott</u>	<u>Relicensure Training</u>		<u>\$8.00</u>

Total: 8.00

* Receipt for each purchase is attached to this log sheet.
Each purchase has been reviewed and approved for payment.

Bob Scott
Employee Name

Foster Parent
Title

Bob Scott
Employee Signature

6/5/08
Date

(Licencing will fill in the rest)

Supervisor

Title

Supervisor Signature

Date