Clothing Reimbursement Form
Department of Social Services
Division of Family Well-Being | AFS, FRS
B-5816 (12/2018)

Agency/Foster Parent	Foster Family	Child Name

Date	Items Purchased	Quantity	Amount	Total
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			TOTAL:	$ 0.00

Month	Total
	$
	$
	$

Foster Parent/Agency Caseworker Signature	Date

Original receipts must accompany form and be mailed to:

ECDSS – Accounting Department
95 Franklin Street Room 426
Buffalo NY 14202
Attn: Cheryl Melewski