

From:

To: **Mercer County Job and Family Services**
220 W. Livingston St. Suite 10
Celina, Ohio 45822

Child's Name _____

Expenditures for _____ thru _____

Room and Board		days
Day Care (attach forms)	_____
Mileage (attach form)	_____
Clothing (attach receipts)	_____
School Expenses (attach receipts)	_____
Other Expenses (attach receipts)	_____
Foster Parent Training (Date)	_____
Total	_____

Please e-mail form too:
Janice.Klenke@jfs.ohio.gov