

Foster Care Services Check Request

Payee Name (Pay to the order of)	Date of Service
Address	
City, State	Zip

G/L Acct #	Name of Child	Actual Dates of Service	Total Days	Rate of Pay	Total Amount
5205 6252 62150					
Respite to _____					
5205 6252 62150					
Respite to _____					
5205 6252 62150					
Respite to _____					
5205 6252 62150					
Respite from _____					
Respite from _____					
Respite from _____					
LEAVE DAY				\$16.63	
LEAVE DAY				\$16.63	
GRAND TOTAL					

NOTE: Leave Day rate is \$16.63. Please enter leave days on a line separate from regular pay.
Please be sure to record your FULL rate of pay for any accrued Vacation used.

Vac Used

Requested By/Department No.	Dept.	Date Prepared
Foster Care Services	5205 6252 62150	
Foster Parent Signature		Date
Department Director Approval		Phone Date