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|  | | **Education and Training Voucher (ETV) Program Payment Request** | | | | **IMPORTANT REMINDERS**   * Original receipts are **only** required for personal items. Please mail those receipts and completed form to:   DCYF  ETV Program  PO Box 40983  Olympia, WA 98501   * **ALL** other receipts can be sent via email if preferred. * Type or write neatly. * Remember to sign and date the form. * Payments / Reimbursements may take ***7-10 business*** days or longer. | |
| DATE OF REQUEST | | | **TOTAL AMOUNT REQUESTED**  **$** | | |
| NAME (FIRST AND LAST) | | | | | |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | |
| TELEPHONE NUMBER | CELL PHONE NUMBER | | | E-MAIL ADDRESS | |
| **Expenses** | | | | | | | |
| What expenses do you need help with?  (Computer / Printer, Books, Supplies, etc.) | | | | | | Who does this payment get paid to?  (Name and Mailing Address) | Total Expenses |
|  | | | | | |  | **$** |
|  | | | | | |  | **$** |
|  | | | | | |  | **$** |
|  | | | | | |  | **$** |
|  | | | | | |  | **$** |
|  | | | | | |  | **$** |
| **By signing and submitting this form, you agree the requested funds will be used for the purposes stated on this form.** | | | | | **Amazon Orders:** By signing and submitting this form, I give my consent for DCYF to provide my name, address, and the list of items on this form to **Amazon**, so they may be shipped directly to my residence. In doing so, I understand that I am authorizing DCYF to share otherwise confidential information, which may indicate that I am in foster care, for this purpose**.** | | |
| STUDENT’S SIGNATURE DATE | | | | | STUDENT’S SIGNATURE DATE | | |
| ETV STAFF’S SIGNATURE DATE | | | | | | | |