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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:

DCYFETV ProgramPO Box 40983Olympia, 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 fundswill 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 |