



## 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	