Foster Care Invoice

FOSTER CHILD'S NAME: _____

TO:

Northern California Family Center
2244 Pacheco Blvd
Martinez, CA 94553
925-370-1990
Fax: 925-370-1993

FROM: FOSTER FAMILY

NAME: _____

ADDRESS_____

CITY, STATE, Zip: _____

TELEPHONE: _____

DATE	SERVICE DESCRIPTION	NIGHTLY RATE	AMOUNT DUE
	Bed-night Placement	30.00	
	Bed-night Placement	30.00	
	Bed-night Placement	30.00	
	Bed-night Placement	30.00	
	Bed-night Placement	30.00	
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	Bed-night Placement	30.00	
	Bed-night Placement	30.00	
	Bed-night Placement	30.00	
		TOTAL DUE	$ 0.00

Please enter the date of each night on a separate line and total the amount due on the bottom right line. Please mail invoice to the NCFC address above for reimbursement. **Please use a separate Invoice sheet for each foster child.**

Today's Date: _____/____/____

Foster Parent Signature: _____ _____