

AGC Foster Parent Per Diem & Expense Invoice

Foster Parent Name(s) <small>(Not just a last name please)</small>		
Full Mailing Address: <small>(Provide the first time submitting invoice but not thereafter)</small>		
Bank Routing # and Account Number <small>(Only required one time)</small>	Routing # _____	Account # _____
Invoice Period (Month & Year)		

PER DIEM PAYMENT INVOICE						
Full Name of Child <small>(List each child separately)</small>	Level of Child	Daily Per Diem	Start Date	End Date	Days this Month	Total
					PER DIEM BILLED (Sub-Total)	

Level of Child (Enter for ea. child)	Basic	TFC 1	TFC 2	TFC 3	TFC 4	TFC 5
Start Date =	First day child stayed in your home <u>overnight</u> .					
End Date =	Last date child stayed in your home <u>overnight</u> - not the day they departed.					

OTHER EXPENSES INVOICE			
Name of Child <small>(List each child separately)</small>	Other Expenses (Christmas, Birthday, School supplies, Lifebook, Senior expenses) <small>Must list for each and separate line for each.</small>	Expense	TOTAL
Other Expenses Sub-Total			

DEDUCTIONS		
	Deduct	Total
Day Care Charge <small>(Must call AGC at 859-881-5010 and confirm days/totals)</small>		
Deduct for what you were paid for half-month per diem (if any)		
Other Deductions - <small>(Please explain)</small>		
Deductions Sub-Total		
GRAND TOTAL THIS INVOICE		

Foster Parent

FC Director

Date