

ANCILLARY EXPENSES ESTIMATE, REQUEST AND VERIFICATION

CLIENT'S NAME:	CLIENT'S CASE NUMBER:
CURRENT APPROVED ACTIVITY:	CLIENT'S TELEPHONE NUMBER:
NAME OF STORE OR SERVICE PROVIDER:	TELEPHONE NUMBER:

REQUEST: Books, Tools, Fees Uniform(s)/Work Clothing
 Interview Clothing Other: _____

ITEM(S) OR SERVICE(S) NEEDED	REASON FOR REQUEST	COST OF ITEM(S) OR SERVICE(S) <small>(to be completed by the person verifying the cost)</small>
1.		
2.		
3.		
4.		
5.		
6.		
		Subtotal \$ _____ Tax + _____ TOTAL \$ _____

I, _____, <input type="checkbox"/> Agency Staff <input type="checkbox"/> Service Provider <input type="checkbox"/> Store Representative certify the cost of the item(s)/service(s) listed above.		
I, _____, <input type="checkbox"/> Agency Staff <input type="checkbox"/> Service Provider recommend that the item(s)/service(s) listed above be provided to the client. The item(s) or service(s) are necessary in order for the client to participate in the approved activity, accept employment, and retain or advance in employment.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> _____ Signature of Agency Staff, Service Provider or Store Representative </td> <td style="width: 30%; border: none;"> _____ Date </td> </tr> </table>	_____ Signature of Agency Staff, Service Provider or Store Representative	_____ Date
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