

**ERIE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES**

221 West Parish Street  
 Sandusky, Ohio 44870  
 Phone: (419) 626-6781 \*\*\*\* Fax: (419) 626-5854

-----FOSTER CARE INVOICE-----

NAME: \_\_\_\_\_ BILLING MONTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ VENDOR #: \_\_\_\_\_  
 PROGRESS REPORT ATTACHED? YES or NO (If no, provide explanation)

NAME OF CHILD(REN)	AGE	PER DIEM	FROM - TO	AMOUNT DUE/CHILD
				\$
<b>TOTAL AMOUNT DUE</b>				<b>\$ 0.00</b>

PLEASE REMIT THIS INVOICE TO THE ABOVE ADDRESS PRIOR TO THE 5TH DAY OF THE MONTH FOLLOWING THE BILLING MONTH TO AVOID DELAYS IN PAYMENT!