



Education and Training Voucher (ETV) Program Payment Request

IMPORTANT REMINDERS

- Original receipts **MUST** be mailed with this form if applicable. DO NOT FAX! Mail receipts and completed form to:
 DSHS - Children's Administration
 ETV Program
 PO Box 45710
 Olympia, WA 98504-5710
- Type or write neatly.
- Remember to sign and date the form.
- Payments/Reimbursements may take **7-10 business** days or longer.
- Safeway gift cards must be requested each month using this form.
- Rent and Car Insurance payments may be made for 3 consecutive months if you are meeting ETV requirements.

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? (Books and Supplies, Housing, etc.)	Who does this payment get paid to? (Name and Mailing Address)	TOTAL EXPENSES
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

BE SURE TO KEEP A COPY FOR YOUR RECORDS

Grand Total

\$

By signing and submitting this form, you agree the requested funds will be used for the purposes stated on this form.

ETV STAFF SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE