

INITIAL CLOTHING ALLOWANCE

Child's Name: _____

Home: _____

Period Of Statement: _____

Initial Clothing Allowance	Date	Amount	Description	Child & Parent Initials	
Clothing Total					

Attach receipts:

This report accurately reflects money transactions by (or on the behalf of) the above-named child during the indicated time period.

Signature of parent making report

Date

Signature of child

Date