

Employment Related Expenses

Case Manager:	Case org#
---------------	-----------

If you need help with costs associated with your employment related goals, you may be eligible for Employment Related Expenses.

Name	Telephone Number
------	------------------

Month of Request	Date of Birth
------------------	---------------

I need the following items to help me complete the activities on my participation agreement.
Note: Please allow for 3-5 business days (not including the submission date) for processing this form. Money for clothing can only be issued once every 2 months.

If mileage is requested, please complete the back of this form and record the total kilometres as an Item Requested. Mileage will be reimbursed at \$0.40/km.

Item Requested	Purpose For Employment Related Expense: I.E. school, workshop, work	Estimated Cost

I understand that I must keep the original receipts until my next participation agreement meeting. If my Case Manager asks for the receipts, I will submit them as proof that I purchased the requested items. I also understand that if I do not provide my Case Manager with the receipts, I will be required to re-pay the monies to the Ontario Works office.

Client Signature

Date

