American River College Cosumnes River College Folsom Lake College Sacramento City College











## Required Material(s) Cost Verification

Semester/Year:		Date:		
Participant's Name:	ID #:	ID #: Phone #:		
Case Worker:	Worker#:	Case #:		
Education/training Agency:	C	Contact Person:		
Address:		Phone #:		
n order for a participant to receive payme nust be returned to the participant's case he Department of Human Assistance may	manager prior to payment. Only it			
Materials			Cost	
		SUB TOTAL:		
		SALES TAX :		
		TOTAL COST:		
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