



Application Received: _____

Wyandotte Nation Family Services Winter Clothing Reimbursement Application

A \$100.00 clothing allowance per child (allocated effective November 1, 2016 through February 28, 2017) is provided to Wyandotte Nation Tribal members ages Pre-K through 12th grade residing in the states of Oklahoma, Missouri, Kansas and Arkansas. *Winter clothing includes: Coats, gloves, earmuffs, hats, scarves, pants, shirts, socks, underwear, pajamas and shoes/boots.* **Receipts must be dated between October 1, 2016 and February 28, 2017. The purchase date must be on the receipt.**

Parent Name: _____ Roll #: _____

Child's Name: _____ Age: _____ Roll #: _____

Mailing Address: _____ Telephone #: _____

City, State, Zip: _____ Email: _____

1. Please fill out the chart below indicating requested reimbursement amounts for each store.
2. Please write the child's name on the receipt beside the items purchased for that child.

Store Name	Date on Receipt	Amount per Receipt
Example: Kid's Clothing Store	11/01/2016	\$50.00
		Total:

Printed Name of Payee: _____

"I certify that the purchased products as itemized on the attached receipt are for the above named child."

Signature of Applicant: _____ Date _____

Application Approved By: _____ Date _____

Return to: Wyandotte Nation, 64700 East Highway 60, Wyandotte, OK 74370 Fax: 918-678-3087
 Phone: Leeanna 918-678-6329, Tara 918-678-6355, Tiffany 918-678-6324 or Dana 918-678-6319
 Email: LRADABAUGH@Wyandotte-nation.org (Please call if you do not receive email verification within 5 days.)