

Worker Name: _____

Worker # _____ Case #: _____

Student Name: _____

Student I.D.: _____

BOOKS AND SUPPLIES VERIFICATION

Semester: _____

Important notice for all CalWORKs students:

- Please be advised that if you receive books and supplies assistance from the county, you **MAY NOT** also receive **duplicate** books from the EOPS program.

Initial here & date

- PLEASE MAKE SURE TO SAVE ALL RECEIPTS from your books & supplies. Your Employment Counselor may request your receipts.

Initial here & date

The following information is being provided to verify what books/supplies the student will need.

Course	Book Title/Supply Item	Book/Supply Cost (w/o tax)
	Total	

Do you need a parking permit? Yes No

<p>FOR OFFICE USE ONLY</p> <p>From: _____</p> <p>Date: _____</p>	<p>Sub Total: _____</p> <p>Tax (_____ % x .01 = _____): _____</p> <p>Parking Permit: _____</p> <p>Printing Fees: _____</p> <p>Student Health /Body Fees: _____</p> <p>Total Cost: _____</p>
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