

GAIN/CalWORKs

Book Store Verification: GAIN/SIP STUDENT (ON-CAMPUS)

Semester: _____

Year: _____


Name of the Student: _____

Date: _____

Student ID: _____

Major: _____

Phone: _____

Required Class: 

Address: _____

GSW: _____

City: _____

GSW Phone: _____

Office: _____

GSW Fax: _____

PRICES ARE SUBJECT TO CHANGE

Cost

Course Name	Name of the Books/Supplies	Book	*Supplies	Fees
Sub Total:				
Tax:				
Total Cost:				
Grand Total:				

 GAIN/CalWORKs Counselor

Received: Book/Supplies/Materials/Fees

X

 Student Signature

***Supplies are not itemized:**
 (pencils, paper, notebook, binder, etc.)

Attention EOPS Students: If you receive EOPS/CARE YOU CAN NOT DUPLICATE THE SAME ITEM OR REQUEST from your GAIN Worker

**Submit all receipts to your GAIN Service Worker
 Keep a copy for your records**