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| --- |
| CLIENT’S PRINTED NAME      |
| CCLIENT’S EJAS ID      | DATE      |
| **Organization Staff Portion** | **[ ]  King** | **[ ]  Pierce** | **[ ]  Snohomish** |
| CHECK THE TYPE(S) OF REIMBURSEMENT(S) | AMOUNT |
|  [ ]  Transportation: Orca Card Number:       | **$** |
|  [ ]  Transportation: Fuel Card(s) (fuel card number:     ) | **$** |
|  [ ]  Clothing (interview clothes, shoes, boots, uniform, etc.) | **$** |
|  [ ]  Education (high school equivalency test, short term contracted training) | **$** |
|  [ ]  Child Care (CCSP copay or non-CCSP) | **$** |
|  [ ]  Other: Books or educational supplies | **$** |
|  [ ]  Other: Emergency service (housing, utilities, auto repair, etc.) or other work related / trainingtools or other needs. | **$** |
| Vendors Name:       |
| Enter justification for each type of reimbursement given (i.e., reason needed and other details such as: child care copay for interview pants, shirt, books, etc.):       |
| **OPTIONAL:** Check below if a gift card or similar payment type was issued:[ ]  Client was given a “Gift Card Receipt Attachment” and a prepaid envelope to return receipt(s) for all purchases. |
| ORGANIZATION SUPERVISOR’S SIGNATURE: DATE :  | SUPERVISOR’S PRINTED NAMESeth Klein |
| ORGANIZATION CASE MANAGER’S SIGNATURE: DATE :  | CASE MANAGER’S PRINTED NAME      |
| Accounting Portion: |
| Payment by:  | Check Number:  | Date: |
| Other Posting References (if applicable): |
| **Client Declaration and Signature** |
| I understand and agree that:* I received the above issuance(s)
* I have not received the same type of assistance in the current month from any other organization including but not

Limited to other BFET organizations, WorkFirst, LEP Pathways, etc.* I can only use the assistance provided (including all gift cards) for work or training related purposes as described above
* Selling or misusing the benefit may result in BFET disqualification and I would have to pay back the funds.
* **I will return the receipt(s)** for all fuel and gift card purchases
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| CLIENTS SIGNATURE DATE       |
| INTERPRETER’S SIGNATURE (Required if form was interpreted to client) | LANGUAGE      | DATE      | INTERPRETER’S PRINTED NAME      |