|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLIENT’S PRINTED NAME | | | | |
| C  CLIENT’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 / training  tools 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 NAME  Seth 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 | | | | | | | | | | | |
| CLIENTS SIGNATURE DATE | | | | | | | | | | | |
| INTERPRETER’S SIGNATURE (Required if form was interpreted to client) | | | LANGUAGE | | | DATE | | INTERPRETER’S PRINTED NAME | | | |