|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLIENT’S PRINTED NAME | | | | |
| CLIENT’S EJAS ID | | DATE | | |
| **Organization Staff Portion** | | | | | | | | | |
| CHECK THE TYPE(S) OF REIMBURSEMENT(S) | | | | | | | | Enter Amount | |
| Transportation: Bus pass / ticket – **How many:**  daily /  weekly /  monthly | | | | | | | | **$** | |
| Transportation: Fuel card(s) - **Card number:** | | | | | | | | **$** | |
| Transportation: ORCA Card / ORCA Refill – **Card number:** | | | | | | | | **$** | |
| Transportation: Other (Explanation required) | | | | | | | | **$** | |
| Clothing (e.g. interview clothes, shoes, boots, uniforms) | | | | | | | | **$** | |
| Child Care (e.g., CCSP copay or non-CCSP) | | | | | | | | **$** | |
| Medical | | | | | | | | **$** | |
| Educational / Credential Testing (e.g., high school equivalency test, literacy level test, aptitude  Testing , CNA test, short-term contracted training) | | | | | | | | **$** | |
| Personal Hygiene and Grooming (e.g., toothpaste, shampoo, haircut) | | | | | | | | **$** | |
| Books, tools, and training supplies | | | | | | | | **$** | |
| Housing | | | | | | | | | **$** |
| Internet service / cell phone and minutes | | | | | | | | **$** | |
| Digital support (tablet, laptop, accessories) | | | | | | | | **$** | |
| Other: (Explanation required) | | | | | | | | **$** | |
| **OPTIONAL:**  Client was given a “Gift Card Receipt Attachment” and a prepaid envelope to return receipt(s) for all purchase. | | | | | | | | | |
| Vendors Name: | | | | | | | | | |
| **MANDATORY:** Enter justification for each type of reimbursement given (i.e., reason needed and other details such as: Non-CCSP child care due to temporary ineligibility, for interview pants, mandatory training uniform, shirt Shoes, books, etc.): | | | | | | | | | |
| ORGANIZATION CASE MANAGERS SIGNATURE DATE | | | | CASE MANAGERS PRINTED NAME | | | | | |
| TRAC ASSOCIATES PROGRAM DIRECTOR SIGNATURE DATE | | | | PROGRAM DIRECTOR PRINTED NAME | | | | | |
| Accounting portion | | | | | | | | | |
| Payment by: | Check Number: | Date Paid: | | | | Posted by: | | | |
| 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 if I received a “Gift Card Receipt Attachment.” | | | | | | | | | |
| CLIENTS SIGNATURE DATE | | | CLIENT’S PRINTED NAME | | | | | | |

JIA  Re-Entry  ReinvestWA  WDC Sr.  WDC VP