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| --- |
| 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 | **$** |
| [ ]  Educational / Credential Testing (e.g., high school equivalency test, literacy level test, aptitudeTesting , CNA test, short-term contracted training) | **$** |
| [ ]  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