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| --- | --- |
| CLIENT’S PRINTED NAME: | |
| CLIENT ID: | DATE: |

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| **Staff Section** | | | | |
| Type of Reimbursement | | | | Amount |
| ☐ Transportation: Fuel card (s)  Card number(s): | | | | $ |
| ☐ Transportation: Orca card/Orca re-fills Card number: | | | | $ |
| ☐ Educational Expenses | | | | $ |
| ☐ ID/Licenses/Fees | | | | $ |
| ☐ Computer Equipment | | | | $ |
| ☐ Tools | | | | $ |
| ☐ Clothing | | | | $ |
| ☐ Hygiene | | | | $ |
| ☐ Phone/Internet | | | | $ |
| ☐ Other (Provide explanation below) | | | | $ |
| ☐ Client was given a gas card and a prepaid envelope to return receipt(s) for the purchase. | | | | |
| Vendor Name: | | | | |
| Justification | | | | |
| Enter brief description of each type of reimbursement and justification for the support service. | | | | |
| CASE MANAGER APPROVAL PRINTED NAME: | | CASE MANAGER APPROVAL SIGNATURE:        DATE: | | |
| SUPERVISOR APPROVAL PRINTED NAME: | | SUPERVISOR APPROVAL SIGNATURE:        DATE: | | |
| Ref # | Check/Credit# | | Acctg Staff Initial: | |
| **Declaration and Signature** | | | | |
| I understand and agree that:   * I received the above issuance(s) and will return receipts for all purchase(s). * I have not received the same type of assistance in the current month from any other organization. * I can only use the assistance provided for work or training-related purposes as described above. * Selling or misusing the benefit may result in FAP E&T disqualification and I would have to pay back the funds. * I understand this form and the contents may be explained to me in my primary language. | | | | |
| CLIENT’S PRINTED NAME: | | CLIENT SIGNATURE:        DATE: | | |
| INTERPRETER SIGNATURE (if required)        DATE: | | | | |