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

|  |
| --- |
| **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:        |