

CALIFORNIA STATE FOSTER PARENT ASSOCIATION

Patricia Negus, President
12419 Oaks Ave. Chino, CA 91710

<patnegus@msn.com>

Hm 909.628.4023 CI 909.730.0311
Fx 909.902.9969

REIMBURSEMENT CLAIM FORM

Instructions: Please print all entries neatly. Always provide original receipts except on commercial travel (copies of receipts are acceptable). Clearly identify items on receipts containing product codes or non-identifying information.

DATE: _____ PHONE: (____) _____

NAME: _____ CSFPA POSITION: _____

ADDRESS: _____, CITY: _____, ZIP CODE: _____

CITY OF ORIGIN: _____, DESTINATION: _____

PURPOSE OF TRIP: _____

ACCOMPANYING CSFPA MEMBER (S) _____

MODE OF TRAVEL (CHECK ONE): PRIVATE VEHICLE (), TRAIN (), BUS (); AIR (-)
EXPENSE: TAXI: \$ _____, *CAR MILEAGE: _____ @ \$0.40/MILE = \$ _____ = \$ _____

*NOTE: MUST SUBMIT TRAVEL DOCUMENT FROM MAPQUEST OR GOOGLE

LODGING: MUST SUBMIT RECEIPT FROM LOCATION: _____ = _____

TELEPHONE: (INCLUDE LOG OF ALL CALLS OR IDENTIFY PRSON(S) CALLED ON BILL) _____ = _____

POSTAGE: STATE PURPOSE: _____ = _____

COPYING OR PRINTING: (ATTACH ONE COPY IF MORE THAN 5) _____ = _____

OFFICE SUPPLIES: DESCRIBE: _____ = _____

OTHER: (DESCRIBE EXPENSE AND JUSTIFICATION) _____ = _____

TOTAL (AMOUNT OF CLAIM) _____ \$ _____

*Identify any accompanying CSFPA member(s) who may be authorized mileage reimbursement so that proportional cost may be allocated to their travel budget. PLEASE accumulate claims until they total \$100.00 or more to avoid writing numerous small checks.

I certify that the above expenses were incurred in the process of conducting official business in direct support of the CSFPA and that the same items were not claimed for reimbursement from an agency or local Foster Parent Association.

SIGNATURE: _____

SUBMIT CLAIM TO: SHELLY BEST, 7028 SCRIPPS CRESCENT, GOLETA, CA 93117