



California State Foster Parent Association, Inc.
Representing all California Resource Families

"To Touch A Life Forever"

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REIMBURSEMENT CLAIM FORM

Instructions: Please print all entries clearly and 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: _____

CITY OF ORIGIN: _____ DESTINATION: _____

PURPOSE OF TRIP: _____

ACCOMPANYING CSFPA MEMBER (S): _____

MODE OF TRAVEL (CHECK ONE): PRIVATE VEHICLE () TRAIN () AIR () BUS ()

MILEAGE: _____ # OF MILES _____ \$.40/MILE _____ -

*NOTE: MUST SUBMIT TRAVEL DOCUMENT FROM MAPQUEST OR GOOGLE

COST OF TRAVEL (AIR/TRAIN/BUS/TAXI-MUST SUBMIT RECEIPT) _____

LODGING (MUST SUBMIT RECEIPT) _____

POSTAGE (MUST SUBMIT RECEIPT WITH DESCRIPTION) _____

PRINTING/REPRODUCTION (MUST SUBMIT RECEIPT AND DESCRIPTION) _____

OFFICE SUPPLIES (MUST SUBMIT RECEIPT AND DESCRIPTION) _____

OTHER (MUST SUBMIT RECEIPT(S) AND DESCRIPTION(S)): _____

TOTAL AMOUNT REQUESTED _____ -

Identify any accompanying CSFPA member(s) who may be authorized mileage for reimbursement so costs may be allocated to their travel budget. Please accumulate requests until the total is \$100 or more to avoid processing numerous payments.

I certify the above expenses were incurred in the process of conducting official business in direct support of the CSFPA and 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
805-570-7782