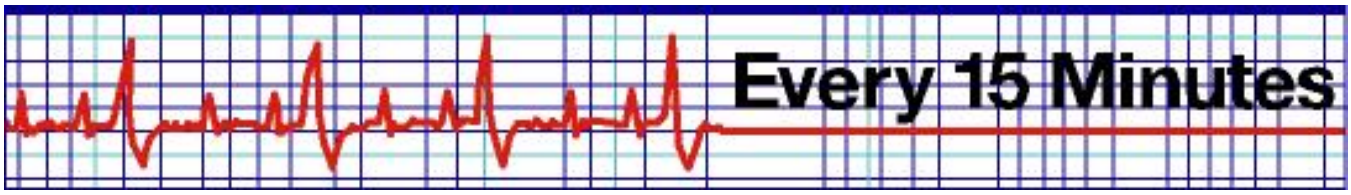

Agency Contract Claim for Reimbursement

FIRST AND FINAL CLAIM

Contractor	**Contract Number**
Street Address	**City, State, Zip Code**
***Every 15 Minutes* Program Coordinator**	**Project Description** Teen Choices 4 Grant, Project Number 20324 *Every 15 Minutes* Program
Maximum Amount Payable By This Grant $9,999.99	**Actual Amount Being Claimed** $

Itemized Listing of Expenses
(attach copies of all invoices/receipts)

Note: A cover letter on Contractor's official letterhead must be included.

Item	Amount

Contractor's Signature	**Date**
Title	

Please return this document along with other required documents noted in the contract to:

California Highway Patrol
Research and Planning Section
Teen Choices 4 Grant Project Coordinator
P. O. Box 942898
Sacramento, CA 94298-0001