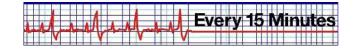
Agency Contract Claim for Reimbursement



Contractor Name:	Contract Number:
Street Address:	
City, State, Zip Code:	Grant#

Instructions:

- 1) Provide an itemized listing of all reimbursable expenses. An attached spreadsheet will not be accepted.
- 2) All invoices/receipts must be legible, printed single sided, and show a valid date. If a receipt is less than 8-1/2" x 11", affix receipt to paper with clear tape or paperclip. <u>DO NOT USE STAPLES</u>
- 3) Sign below where indicated. A reimbursement cannot be made without an original signature.
- Return this form, along with all required items per your contract, to: California Highway Patrol, 061-Every 15 Minutes Program, PO Box 942898, Sacramento, CA 94298-0001

Itemized Listing of Expenses:	Amount:
Total Reimbursement	\$

Contractor's Signature