Agency Contract Claim for Reimbursement

Contractor Name:	Contract Number:
Street Address:	
City, State, Zip Code:	Teen Outreach on Drinking and Driving; Project # AL1718

Instructions:

1) Provide an itemized listing of all reimbursable expenses. An attached spreadsheet will not be accepted as a valid claim form.
2) All invoices/receipts must be legible, printed single sided, and show a valid date within the contract period. If a receipt is less than 8-1/2" x 11", affix receipt to paper with clear tape or paperclip. **DO NOT USE STAPLES**
3) Sign where indicated. A reimbursement cannot be made without an original signature from Contractor.
4) 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 (not to exceed $6,000)	$

Contractor's Signature Date

Print Contractor's Name/Title

Internal Use Only
061 – Research and Planning Section
Project # AL1718

Contract # 16C061
Approved for Payment (date):

Signature:_____
ID#/Title: A14490/AGPA