

Agency Contract Claim for Reimbursement



Contractor Name:	Contract Number:
Street Address:	
City, State, Zip Code:	Teen Outreach on Drinking and Driving II; Project # AL18009

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. **DO NOT USE STAPLES**
- 3) Sign below where indicated. A reimbursement cannot be made without an original signature.
- 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 # AL18009

Contract # 16C061
 Approved for Payment (date):

Signature: _____
 ID#/Title: A14490/AGPA