

AVP/California Expense Claim

Date: _____

Check one:

- Invoice to be paid directly to vendor
 Reimbursement request

Attach documentation and mail to:
 S.Matchett, 824 Fell St., San Francisco CA 94117
Save a copy for your records

Pay to: _____

Address: _____

Payment Requested

Date of Exp.	To whom paid/ Mileage	Purpose/Item	Amount (mi. @ 14¢)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Payment requested			\$ _____

Treas. use:
 Acct(s) assgnd
 Pd ck #/date

Donated Expenses *(for tracking purposes, please list here all expenses for which you are forgoing reimbursement)*

Date of Exp.	To whom paid/ Mileage	Purpose/Item	Amount (mi. @ 14¢)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Donated Expenses			\$ _____

AVP/California
 THANKS YOU!

LOCATION OF WORKSHOP (Initials/Name Of Prison), or other Purpose: _____

Town/Community _____

Dates: _____ Level: _____ Lead Facilitator: _____ Inside or Community (Circle)