

**AVP/California Expense Reimbursement Claim**  
**REQUIRED: ATTACH COPY OF RECEIPTS/INVOICE (staple to upper left corner please, thanks!)**

**Date:** \_\_\_\_\_

**Mail to:** Stephen Matchett, 824 Fell St., San Francisco CA 94117  
 or **treasurer@avpcalifornia.org**  
**Save a copy for your records**

Name of Payee: \_\_\_\_\_

Address: \_\_\_\_\_ Phone or e-mail: \_\_\_\_\_

check if address is new or changed

**Payment Requested**

Date of Exp.	To whom paid (e.g., "Super-7 Motel", or if Mileage, how many miles)	Purpose/Item (e.g., "2 nights' lodging, 2 facs" or "dinner, 3 facs")	Amount (mi. @ 14¢)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total Payment requested</b>			<b>\$ _____</b>

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¢)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total Donated Expenses</b>			<b>\$ _____</b>

AVP/California  
**THANKS YOU!\***

\* Donated mileage, and any donated non-mileage expense for which a receipt is provided, can count as a charitable contribution

**LOCATION OF WORKSHOP (Initials/Name Of Prison), or other Purpose:** \_\_\_\_\_

Town/Community \_\_\_\_\_

Dates: \_\_\_\_\_ Level: \_\_\_\_\_ Lead Facilitator: \_\_\_\_\_ Inside or Community (Circle)