

AVP/California Expense Reimbursement Claim

REQUIRED: ATTACH COPY OF RECEIPTS/INVOICE (staple to upper left corner please, thanks!)

Date Submitted: _____
 Name of Payee: _____
 Mailing Address: _____

(check box if address is new or changed)

Mail to: Lynda Alberico
Box 8, Susanville CA 96130
avplalberico@yahoo.com

Save a copy for your records

Phone or e-mail: _____

PAYMENT REQUESTED:

Date of Expense	To Whom Paid <small>(e.g., "Super-7 Motel," or "Giuseppe's Grill")</small>	Purpose/Item <small>(e.g., "2 nights' lodging, 2 facs," or "dinner, 3 facs")</small>	# Miles	Amt per Mile	Amount
_____	Mileage <i>(no receipt necessary)</i>	where: _____	_____	\$0.14	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
Total Payment requested					\$ <u>_____</u>

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

DONATED EXPENSES (for tracking purposes, please list here all expenses for which you are claiming no reimbursement)

Date of Expense	To Whom Paid	Purpose/Item	# Miles	Amt per Mile	Amount
_____	Mileage <i>(no receipt necessary)</i>	where: _____	_____	\$0.14	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
Total Amount Donated:					\$ <u>_____</u>

AVP/California
 THANKS YOU!*

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

INITIALS AND NAME OF PRISON or other Purpose:

Town/Community: _____
 Dates: _____
 Level: _____

Type of workshop: INSIDE COMMUNITY *(Circle one)*
 Team Coordinator: _____