

AVP California Expense Reimbursement Claim

PLEASE ATTACH COPIES OF RECEIPTS

Date Submitted:		<i>Mail to:</i>	Lynda Alberico
Name of Payee:			Box 8, Susanville CA 96130
Mailing Address:			<u>avplalberico@yahoo.com</u> (530) 249-2774
<< check box if address is new or changed		Save a copy for your records	
Cell phone and e-mail address:	(____) _____ - _____	@ _____	<< Check here if you would like to receive a direct bank deposit in lieu of a hard copy check.

REIMBURSEMENT 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	<i>Accounting Information (leave blank)</i>
	Mileage <i>(no receipt necessary)</i>	from/to:		\$0.25	\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Payment requested:					\$ -	

DONATED EXPENSES (please list here all expenses which you are donating to AVP California)

Date of Expense	To Whom Paid	Purpose/Item	# Miles	Amt per mile	Amount	<i>Accounting Information (leave blank)</i>
	Mileage <i>(no receipt necessary)</i>	from/to:		\$0.25	\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Amount Donated:					\$ -	AVP California THANKS YOU!*

* Donated mileage and any other expenses for which a receipt is provided is a charitable contribution.

CDCR prison abbreviation. Or another purpose:		(Please include only one workshop per expense claim.)		
Town/Community:		Type of Workshop:	INSIDE	COMMUNITY
Dates:		QEWR Report completed?	YES	NO
Workshop Level:		Team Coordinator:		

Summary of the Reimbursement Policy (tips and gratuities are not reimbursable)

Lodging per night: Up to \$110 per night (shared room), \$55 (single). Food: Up to \$45 for three-meal day. Breakfast \$10.00, Lunch \$15.00, Dinner \$20.00
 Returned Citizen Stipend: Up to \$120 per day to a maximum of \$200 per workshop during the first 18 months from release.