## Agency Contract Claim for Reimbursement



Contractor Name:	Contract Number:	
Street Address:		
City, State, Zip Code:	Teen Choices Grant 8 Every 15 Minutes Program, AL1610	

## Instructions:

- 1) Provide an itemized listing below of all reimbursable expenses. An attached spreadsheet will not be accepted as a valid claim form.
- 2) Attach copies of all corresponding invoices/receipts. All invoices/receipts must be legible and show a valid date within the contract period. **DO NOT USE STAPLES**
- 3) Sign where indicated. A reimbursement cannot be made without an original signature from contractor on this claim form.
- 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 Being Claimed		\$	
		061 – Resear	e Only ch and Planning Section
Contractor's Signature	Date	Teen Choices Grant 8 Project # AL1610	
		Contract # 15	C061
Print Contractor's Name/Title	-	Approved for	Payment (date):
		Signature: ID#/Title: A14	490/AGPA