

Office of the Child's Representative
Expense Reimbursement Form

Payable to: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____

Zip: _____

Hotels/Meals:

Date	Case Number	Total Cost	Explanation

Meals Total _____

Hotel Total: _____

Other Expenses:

Date	Case Number	Expense Type	Rate	Explanation

Copies Total: _____

Postage Total: _____

Other Total: _____

Approved Travel:

Date	Case Number	To/From	Hours

Total Hours Travelled: _____

Total Reimbursement: _____

I certify that the statements in the above are true and actual in all respects; that payment of the amounts claimed therein have not been received; that my schedule of expenses was incurred by me on official OCR business and that all charges are supported by actual receipts, as needed*, which are attached.

Payee Signature: _____ Date: _____

*Receipts are required for all individual expenses totaling over \$50.