

**OFFICE OF THE CHILD'S REPRESENTATIVE
ATTORNEY TRAVEL & EXPENSE REIMBURSEMENT FORM**

Payable to: _____

Address: _____

DATE	CASE NUMBER	AIRFARE			HOTEL	TOTAL
		FROM	TO	AMOUNT		

Airfare/Hotel Total

DATE	CASE NUMBER	BREAKFAST	LUNCH	DINNER	TOTAL

Meals Total

DATE	CASE NUMBER	OTHER ITEMS & PURPOSE OF EXPENSE	TOTAL

Other Total

Total Reimbursement

I certify that the statements in the above are true and actual in all respects; that payment of the amounts claimed therein has 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 which are attached.**

Payee Signature: _____

Date: _____