

Duchesne County Restricted Funds Reimbursement Form

Please attach all receipts.

All requested amounts are subject to review and approval.

<p>Name:</p> <p>_____</p> <p>Social Security Number (SSN): (On File)</p> <p>_____</p> <p><i>Required for reimbursement. (Once you have given your SSN to the Utah Parent Center, you don't need to give it again.)</i></p>	<p>Mailing Address:</p> <p>_____</p> <p>City, State, Zip:</p> <p>_____</p> <p>Phone Number:</p> <p>_____</p> <p>E-mail Address:</p> <p>_____</p>	
<p>Date(s):</p>	<p>Function:</p>	
<p>Mileage Reimbursement: (\$.56 per mile)</p> <p>Total Miles: _____ x .56</p> <p>Total amount requested:</p> <p>\$ _____</p>	<p>Food/Refreshments:</p> <p>Total amount requested:</p> <p>\$ _____</p>	<p>Postage:</p> <p>\$ _____</p> <p>Photocopying & Printing:</p> <p>\$ _____</p>
<p>Phone/Phone Cards:</p> <p>Total amount requested:</p> <p>\$ _____</p> <p>Supplies:</p> <p>Total amount requested:</p> <p>\$ _____</p>	<p>Other*: <u>*Must be PREAPPROVED</u> <u>Please briefly describe:</u></p> <p>Total amount requested:</p> <p>\$ _____</p>	<p>TOTAL AMOUNT REQUESTED:</p> <p>Subtotal: \$ _____ <i>(Amount before taxes)</i></p> <p>Taxes: \$ _____</p> <p>Restricted: \$ _____</p>

My signature below certifies that this reimbursement request is for eligible expenses and the documentation is accurate to the best of my knowledge.

_____ Signature _____ Date

For Internal Use Only:

_____ Volunteer Coordinator Signature (UPC) (not required) _____ Date

_____ Approved By: Executive Director Signature (UPC) _____ Date **Charge to: Duchesne HoFN Restricted Expenses**

Utah Parent Center
230 West 200 South, Suite 1101, Salt Lake City, UT 84101-1337
(801) 272-1051 or (800) 468-1160 • info@utahparentcenter.org
www.utahparentcenter.org

