

Salt Lake County Restricted Funds Reimbursement Form

Please attach all receipts.

All requested amounts are subject to review and approval.

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

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