

FORM A - General Tri-Lead Reimbursement Form

Name _____

Address _____

Month/Year: _____

(Please attach receipts/event flyers, etc.)

Regional FYSPRT Meeting date: _____

Location: Virtual or Other: _____

Tri-Lead Meeting date: _____

Location: Virtual or Other: _____

FYSPRT State Meeting date: _____

Location: Virtual or Other: _____

Meeting/Event: _____

Location: Virtual or Other: _____

Meeting/Event: _____

Location: Virtual or Other: _____

Mileage: _____ Total miles at (current WA OFM rate) \$ _____

Childcare:(in person meetings) _____ \$ _____

Other: _____ \$ _____

Total Meetings/Events at \$15 per event: _____ \$ _____

TOTAL\$ _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED, OR THE LABOR PERFORMED AS DESCRIBED HEREIN, AND THE CLAIM IS A JUST, DUE, AND UNPAID OBLIGATION AGAINST GREATER COLUMBIA BEHAVIORAL HEALTH, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIM.

SIGN/DATE _____ TITLE _____

Prior approval required for reimbursement of travel costs for committee meetings and event attendance by the GCBH ASO FYSPRT Coordinator.

GCBH ASO FYSPRT COORDINATOR _____

Please submit request for reimbursement to the GCBH Regional Office at 101 North Edison Street, Kennewick, WA 99336 prior to the 15th of the month for reimbursement. If events occur after the 15th of the month, please submit another form no later than the last day of the month. Late forms will not be reimbursed.

NOTES: