Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orientation/Assessment** ⬜

I am unable to produce receipts to verify that I paid for my transportation expenses to attend a **SNAP E&T Orientation and/or Assessment** on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_. By my signature below, I attest that I paid for this expense.

I understand I will only be reimbursed $12.50 due to limited SNAP funds.

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|  |

**Activity** ⬜

I am unable to produce receipts to verify that I paid for my transportation expenses to attend a **SNAP E&T Activity** for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. By my signature below, I attest that I paid for this expense.

I understand I will only be reimbursed the actual amount that I spent (maximum allowed: $25.00) due to limited SNAP funds.

Activity Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount reimbursed: □ $12.50 or □ $25.00

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**No Cost Incurrred** ⬜

I did not incur transportation expenses for the month of:

⬜ January ⬜ February ⬜ March ⬜ April ⬜ May ⬜ June

⬜ July ⬜ August ⬜ September ⬜ October ⬜ November ⬜ December

and am not requesting the food stamp reimbursement for the month.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

CSTB Career Coach Date