



Community Sponsorship Team Reimbursement Request Form

Please note: All reimbursement requests should be made within 10 days of the expense.

Client Name: _____ CST Name: _____

Request Submitted by: _____

Reimbursement made payable to (please print): _____ (name)

_____ (address)

Please check whether you have: **Zelle** **PayPal** **Check by mail**

Please provide your phone number (Zelle) or email (PayPal): _____

Expenses to be reimbursed (check all that apply):

Expenses	Examples	Amount
<input type="checkbox"/> Education	(Books, GED/test costs, rides, cap/gown, school supplies)	_____
<input type="checkbox"/> Employment	(DL, ID, CDL/ work certifications, rides, clothing)	_____
<input type="checkbox"/> Healthcare	(Medicine, copays, dental, Green Card medical appt., rides)	_____
<input type="checkbox"/> Housing	(Rent, bills, food, household necessities, etc.)	_____
<input type="checkbox"/> Relocation	(Boxes, plane/bus tickets, rides, shipping costs, new home set up)	_____
<input type="checkbox"/> Miscellaneous (please explain)	_____	_____

Total Amount Requested: _____ **Total to be reimbursed:** _____
(to be completed by RAA)

Submitter's Signature: _____ Date: _____

Please return completed form with receipt(s) by email attachment to:

Heather Carter at heather@refugeeassistancealliance.org