

CALIFORNIA JPIA Reimbursement Request



Please complete this form and attach all receipts for reimbursement of monies spent on refreshments for CALIFORNIA JPIA training workshops. Mail or fax completed form to your training specialist within one week of workshop. Thank you.

Your Name

Phone

Email

Fax

Agency

Address

City

Zip

Workshop Name

Workshop Date

Amount to be Reimbursed

Reimbursement is Payable To

Mail or fax to:

Training Specialist

California JPIA

8081 Moody Street

La Palma, CA 90623

Fax (562) 402-8692

I certify that this request for reimbursement represents repayment for food and other refreshments that were purchased for the use at the above-mentioned workshop.

Signature

Date