

**OFFICE OF THE CHILD'S REPRESENTATIVE
ATTORNEY TRAVEL & EXPENSE RIEMBURSEMENT FORM**

Payable to: _____ SSN/EIN: _____

Address: _____

DATE	CASE NUMBER	AIRFARE: TO/FROM	HOTEL	TOTAL

Travel Total:

DATE	CASE NUMBER	BREAKFAST	LUNCH	DINNER	TOTAL

Meals Total:

DATE	CASE NUMBER	OTHER ITEMS & PURPOSE OF EXPENSE	TOTAL

Other Total:

TOTAL REIMBURSEMENT:

I certify that the statements in the above are true and actual in all respects; that payment of the amounts claimed therein has not been received; that my schedule of expenses was incurred by me on official OCR business and that **all charges are supported by actual receipts which are attached.**

Payee Signature: _____

Date: _____