EXPENSE CLAIM

Month/Year_____

Name_____

Date	**Food** 5340	**Supplies** 5380	**Postage** 5370	**Phone/Fax** 5360	**Copies** 5330	**Mileage** 5350	**Supervised Visitation** 5325	**Lodging** 5320 (SW) 5800 (AD)	**Other Child** 5430	**Meeting Costs** 5620	**Meeting Refreshments** 5630	**Mentoring** 5315	**Misc.** 5390
Totals													

Total Expenses _____

☐ Computer Usage + $10.00 (5310)

☐ Cell Phone Usage + $15.00(PT) or $30.00(FT) (5360)

Grand Total _____

Revised 4/07