

**Form
1
Invoice**

**Oklahoma Commission on Children and Youth
Freestanding Multidisciplinary Child Abuse Team
Child Abuse Multidisciplinary Team Account
Request for Reimbursement
SFY2016**

PO# _____

Invoice#
2016 _____

Amount of this
request
\$ _____

FSMDT Name:

Contact Person:

Ph: _____ Fax: _____

Email: _____

Make the Check out to:
FEI/SSN #:
Name:
Street:
City: _____ State: OK
Zip:
Day Phone: _____

FSMDT Request for Reimbursement

Current Amount Available:	\$
	Requested Amount
1. Personnel Salaries (<i>including Fringe Benefits</i>):	\$ _____
2. Training:	\$ _____
3. Supplies:	\$ _____
4. Travel:	\$ _____
5. Equipment/Supplies:	\$ _____
6. Facilities:	\$ _____
7. Other:	_____
Total:	\$ _____
Amount Remaining:	\$ _____

These expenses are submitted for reimbursement according to OCCY guidelines & the availability of funds in our board's approved budget. My signature certifies the above claim is true and correct to the best of my knowledge; that any travel for paid consultant or trainers is included in the contract price of the consultant/trainer, and that no separate travel claim has been or will be submitted for such an individual or entity; that any food or drink items used as refreshments were required in connection with meetings held for and in the interest of the general public; and that reimbursement has not been and will not be received from any other source. I agree that the source documents supporting these expenditures may be examined by OCCY and the Oklahoma State Auditor and Inspector, and that any overpayments identified will be repaid to OCCY within 30 days of official notification of overpayment.

FSMDT Signature: _____ Date: _____

OCCY Use Only:	_____ Approved	_____ Disapproved
Comments: _____	Reviewed By: _____	Date: _____

Please attach all receipts and send forms to:

Phone: (866)335-9288 outside the OKC area
(405)606-4900 in the OKC area

Oklahoma Commission on Children and Youth
Office of Planning and Coordination
1111 N. Lee Avenue, Suite 500
Oklahoma City, OK 73103
REF: Request for Reimbursement