



Clients Name: [Click here to enter text.](#)  
eJAS ID: [Click here to enter text.](#)  
Date: [Click here to enter a date.](#)

**Check the type(s) of reimbursement(s):**

Amount: \$ [Click here to enter text.](#) Choose an item.  
Amount: \$ [Click here to enter text.](#) Choose an item.  
Amount: \$ [Click here to enter text.](#) Choose an item.  
Amount: \$ [Click here to enter text.](#) Choose an item.  
Amount: \$ [Click here to enter text.](#) Choose an item.  
Amount: \$ [Click here to enter text.](#) Choose an item.  
Amount: \$ [Click here to enter text.](#) Choose an item.

**Enter justification** for each type of reimbursement given (i.e., reason needed and other details such as: child care copay, for interview pants, shirt, shoes, books, etc.): [Click here to enter text.](#)

**(Optional)** If a gift card or similar payment type was issued:

Client was given a “Gift Card Receipt Attachment” and a prepaid envelope to return receipt(s) for all purchases.

\_\_\_\_\_  
Organization approval signature

[Click here to enter text.](#) [Click here to enter a date.](#)  
Printed name of approving authority

**Client Declarations and Signature**

I understand and agree that:

- I received the above issuance(s).
- I have not received the same type of assistance in the current month from any other organization including but not limited to other RISE or BFET organizations, WorkFirst, LEP Pathways, etc.
- I can only use the assistance provided (including all gift cards) for RISE approved activities, work or training related purposes as described above.
- I will return the receipt(s) for all fuel and gift card purchases.

\_\_\_\_\_  
Client signature

[Click here to enter a date.](#)

If the client’s primary language is not English, this form and contents were explained in their primary language by (Required if this form was interpreted to the client):

\_\_\_\_\_  
Interpreter’s signature

[Click here to enter text.](#) [Click here to enter a date.](#)  
Interpreter’s printed name