



Marcus Dawal

Interim Chief Probation Officer

Alameda County Probation Department

P.O. Box 2059
1111 Jackson Street
Oakland, CA 94604-2067

Telephone Fee Claim Form

Instructions

- 1. Complete the claim form for detail on telephone fees paid.
2. Attach/include proof of payments or justification for telephone fees paid.
3. Send/submit items 1-3 to: Alameda County Probation Department, Attn: Telephone Fees Reimbursement, P.O. Box 2059, 1111 Jackson Street, Suite 805, Oakland, CA 94604-2067

Part 1 - Client/Claimant Information

A. Client (Juvenile) Information:

First Name: Last Name:
Identification Number: Telephone:
Email:
Address: Apt/Suite:
City: State:
Zip Code:

B. Claimant Information:

First Name: Last Name:
Relationship to Client: Telephone:
Email:
Address: Apt/Suite:
City: State:
Zip Code:

Part 2 - Claim Information

Table with 6 columns: Item #, Date Purchased, Description, Total Paid, Reimbursement %, Claim. Rows 1-10 with 'x 70.5%' in Reimbursement % column. Total Claimed Amount: at the bottom right.

Part 3 - Client/Claimant Signature

I certify that the information provided on this claim form is true and that payment or credit has not been received by me.

Client Signature: Date:
Claimant Signature: Date:

THIS SECTION FOR PROBATION STAFF ONLY

A. Program Approval

Reviewer Name (First and Last):
[] Approved [] Denied
Comments:
Reviewer Signature: Date:

B. Finance Approval

Reviewer Name (First and Last):
[] Approved [] Denied
Comments:
Reviewer Signature: Date:

C. Accounting Information

Table with 10 columns: Supplier ID, Account, Fund, Org, Program, Subclass, BY, Project, Amount