

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
EMPLOYMENT AND TRAINING (E&T)
SELF-ATTESTATION FORM FOR REIMBURSEMENT
(Check the appropriate box below and add the details)

Orientation/Assessment ☐

I am unable to produce receipts to verify that I paid for my transportation expenses to attend a **SNAP E&T Orientation and/or Assessment** on _____. By my signature below, I attest that I paid for this expense.

I understand I will only be reimbursed for reasonable and necessary program-related activity based on funding availability.

Activity ☐

I am unable to produce receipts to verify that I paid for _____ my SNAP E&T allowable expenses to attend a **SNAP E&T Activity** for the month of _____. By my signature below, I attest that I paid for this expense.

I understand I will only be reimbursed the actual amount that I spent:

Activity Completed: _____

Amount Reimbursed: \$ _____

Participant Signature

Date

Printed Name

Case Number

Case Manager

Date

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First Coast Workforce Development and CareerSource Northeast Florida is an equal opportunity employer/agency. Auxiliary aids and accommodations for people with disabilities are provided.
FRS users dial 711. For program funding details in compliance with the Stevens Amendment, please visit <https://careersourcenortheastflorida.com/about>.