

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