

ATTACHMENT B

**REQUEST FOR REIMBURSEMENT
DIVISION OF CAREER SERVICES
Trade Act of 2002**

This form is to be utilized when customer is (1) required to purchase books, uniforms, tools, etc. separately from the school and the vendor will not accept a purchase order. Please complete the form below, attach all ORIGINAL receipts, and return to the address below. (Note: Please make copies of all information being submitted for your records.) **Remember: DCS is a tax-exempt agency. TAX WILL NOT BE REIMBURSED.**

Part I. Vendor & Customer Information (to be completed by customer)			
Client Name: _____	ADDRESS WHERE CHECK IS TO BE MAILED: (if different from client info)		
Address: _____	Name: _____	_____	
City/S/Z: _____	Address: _____	_____	
Phone: (_____) _____	_____	_____	
Social Security #: _____	_____	_____	
School: _____	City/S/Z: _____	_____	
Start Date: _____ End Date: _____	_____		
Course: _____	_____		
PURCHASED FROM WHAT VENDOR:	Please itemize below:		
Books: _____	Books:	\$ _____	_____
Supplies: _____	Supplies:	\$ _____	_____
Uniforms: _____	Uniforms:	\$ _____	_____
Tools: _____	Tools:	\$ _____	_____
Other: _____	Other:	\$ _____	_____
<i>Reminder: Only items which the school requires all students to purchase in that particular Program may be paid for by the Trade Program.</i>	Minus Tax: -	\$ _____	_____
	Total:	\$ _____	_____
Please explain "other" category (if applicable): _____			
Part II. Signatures (to be completed by customer)			
I certify that these items were purchased by me and I am not receiving reimbursement from any other source. The school <u>requires all students</u> to purchase these items to participate in the training I am attending.			
Signature of Applicant: _____		Date: _____	
Part III. Approval of payment (to be completed by DCS' Trade Unit)			
\$ _____	_____	_____	_____
Amount Approved for payment	(Signature)	Date	#

**Please send completed form & ORIGINAL receipts for reimbursement to:
DCS, 19 Staniford Street, Trade Unit, PO Box 8370, Boston, MA 02114**