

**AVP California Expense Form (ACEF)**

Check one:

Invoice to be paid directly to vendor

Reimbursement to request

*Fill one form out for each project/site save a copy for your record*

**REQUIRED: ATTACH COPY OF RECEIPTS/INVOICE**

*Mail to: S. Matchett, 824 Fell St., San Francisco, CA 94117*

**Date submitted** \_\_\_\_\_

Name of Payee \_\_\_\_\_ Phone \_\_\_\_\_

Address to send check \_\_\_\_\_

Project \_\_\_\_\_

Date of Expense	To whom paid	Purpose/Item	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Payment requested** \$ \_\_\_\_\_

**Donation**

Date of Expense	To whom paid/ Mileage	Purpose/Item	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INITIALS AND NAME OF PRISON or other Purpose:** \_\_\_\_\_

Town/Community \_\_\_\_\_

Dates: \_\_\_\_\_ Level: \_\_\_\_\_ Inside or Community (Circle)

Office Use Only: Account Assigned \_\_\_\_\_ Check number \_\_\_\_\_ Date Paid \_\_\_\_\_