

**Justice for Immigrants Seeking Asylum
Reimbursement Form**

Please complete both sides of this form.

1. Immigrant/Refugee/Asylee information:

Name _____

A# _____

Date of Birth _____

Country of Origin _____

Primary Languages _____

Detention Center _____

2. Name and relationship of person requesting reimbursement (sponsor, visitor, lawyer, other)

Name _____

Relationship to Applicant _____

Address _____

Phone _____ Email _____

3. Request for Funds: (Receipts must be submitted with this reimbursement request.)

() Bond \$ _____

() Legal fees \$ _____

() Travel or basic needs. Please itemize. \$ _____

TOTAL REIMBURSEMENT REQUEST \$ _____

Signature of Requestor: _____ **Date:** _____

Amount Approved by JISA Disbursement Team: _____

Date: _____

Signed on behalf of the Disbursement Team:

Reviewed for JISA records:

() Bob Traer _____ **Date:** _____

Reviewed for Claremont UCC check authorization:

() Denise Spooner _____ **Date:** _____

() Check written and mailed by UCC Administrator **Date:** _____