

Benton County
Office of Public Defense
Supplemental Claim Form

Meals & Travel Expenses (FA-4S)

Instructions – Attach to a Claim for Compensation

Please complete and attach this form to your claim for compensation in order to claim reimbursement for authorized meal and travel expenses. Please make sure the city and state where the expense was incurred is included for each entry since reimbursements are subject to [GSA](#) and [Washington OFM](#) limits regardless of the overall amount of funding authorization granted.

Claimant Name	
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Case Name	Case Number
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Date	Breakfast	Lunch	Dinner	Travel (incl parking and car rentals)	Other misc allowable expenses	City and State expense incurred	Total for the day	
This is an auto-calculating form – do not enter numbers in total column.							GRAND TOTAL CLAIMED:	

I certify under penalty of perjury as provided by the laws of Washington State that the expenses detailed above were in fact incurred by me in the provision of public defense services on the case indicated and that I have not been reimbursed for these expenses from any other source.

Signature of Claimant

Date signed

City and State signed