

Meals & Travel Expenses (FA-4S) Supplemental Claim Form

Please **complete** and **attach this form to your claim for compensation** for reimbursement of 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](#) limits regardless of the overall amount of funding authorization granted.

Claimant Name	
Case Name	Case Number

Date	Breakfast	Lunch	Dinner	Travel, Parking, Car Rentals	Hotel	Miscellaneous	City/State	Total
Total								

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 / State Signed



(509) 222-3700
opd@co.benton.wa.us