Susanville Indian Rancheria
Tribal Youth Program Reimbursement Form

Child's Name: _____ **Enrollment #: _____**

Type of Request:

☐ **Sports/Extra Curricular Event** ☐ **School Clothes/Supplies**

☐ **High School Diploma** ☐ **Jr. High Diploma**

☐ **Senior Year High School Assistance**

Total Reimbursement Requested: $_____

Total Monthly Family Income: $_____ **Family Size: _____**

Make Check Payable to: _____

Mail to: _____

I understand that if I am not income eligible and I receive over $600 during this calendar year, I will be issued an IRS- 1099 form at year end. I further understand that if I choose not to provide income information, I waive the opportunity to be considered "Need Based" and I fully understand that I will be issued a 1099 at year end should I receive over $600 during this calendar year.

_____ _____

Custodial Parent / Guardian Name **Parent Enrollment #**

_____ _____

Custodial Parent / Guardian Signature **Date**

Tribal Office Use Only

Has child had previous reimbursement in the above selected category? Yes No

Total Previous Amount $_____

Amount Authorized to Pay: $_____

Billing Account Code: _____

Meets "Need Based" income eligibility requirements? ☐ YES (Income verification attached) ☐ NO (Income not attached)

☐ By my signature, I have verified this child is eligible for the amount/program listed above

_____ _____

Tribal Office Staff Date

_____

Tribal Office Manager's Approval

Form approved by the TBC on 2/16/10
Revised/Approved by TBC on 11/15/11