

## Expense Reimbursement Form

Person Supported: \_\_\_\_\_

Month/Year of Service: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

### EXPENSES:

Date	Description of Expense	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Expenses		\$

### REQUIRED SIGNATURES:

#### Service Provider:

I verify the information submitted on this form is actual and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Parent/Guardian:

I received the service as indicated on this form and verify the information is actual and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MILEAGE:

Date	Trip to/from	# of km	Per/km	Mileage
Total Mileage				\$

### Instructions for Completion & Submission

- Enter ALL required information including name of the Person Supported, their Parent/Guardian, telephone number and e-mail as well as the month and year the service was provided.
- Use a separate invoice for each month.
- Enter the details of the service provided including date, hours of service, rate/hr. and the total amount paid to the Service Provider.
- The Parent/Guardian and the Service Provider are required to sign verifying the information written on the invoice is correct. Both signatures are required for the invoice to be processed.

Please inform us if there are changes to your banking or contact information, by calling 519-627-0777 ext. 2554 or e-mail [invoice@getintocommunityliving.com](mailto:invoice@getintocommunityliving.com)

### REIMBURSEMENT REQUEST:

Total Expenses	\$
Total Mileage	\$
Reimbursement Request Expenses + Mileage	\$

### To Submit This Form:

Email: [invoice@getintocommunityliving.com](mailto:invoice@getintocommunityliving.com)

Fax to: 519-627-8905

Mail/Drop Off:

1100 Dufferin Ave., Wallaceburg ,ON N8A 2W1

Invoices must be submitted in the correct format **NO LATER than 12:00 pm** (noon) on the deadline provided in your Invoice Processing Schedule

**Incomplete or late forms will result  
payment delay**