

Expense Reimbursement Form

Person Supported: _____ Month/Year of Service: _____

Parent/Guardian: _____ Service Provider Name: _____

EXPENSES (expense receipts must be submitted for reimbursement to be processed)

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

MILEAGE

Date	Trip to/from	# of km	Amount/km (\$)	Total (\$)
Totals				\$

REQUIRED SIGNATURES (Invoice must be signed by both parties in order to be processed)

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

Parent/Guardian Date Service Provider Date

To Submit This Form:

Email: invoice@getintocommunityliving.com Fax: 519-627-8905
Mail/Drop: 1100 Dufferin Ave., Wallaceburg, ON N8A 2W1