



## REQUEST FOR REIMBURSEMENT

NAME \_\_\_\_\_ FOR THE PERIOD \_\_\_\_\_ to \_\_\_\_\_  
Mo/Da Mo/Da

Relationship \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
MO/DA/YR

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RE: \_\_\_\_\_  
 Client Name

Adult Program  Children's Program (under 18)

DATE		Total Number of hours or days	DESCRIPTION OF SERVICES RECEIVED (i.e. in-home support, out-of-home overnight support)	Amount Paid	
Mo	Day				
TOTAL # of hours or days					
x \$			per hour or day(circle one) = \$	AMOUNT REQUESTED	

Worker Number \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature \_\_\_\_\_ Date : (MO/DA/YR) \_\_\_\_\_

APPROVAL

BATCH STAMP (for accounting use):

<p>GOODS RECEIVED _____ PURCHASE APPROVED _____ G.L. CODE _____</p>	
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