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Consumer/Representative Reimbursement Form

| Consumer: | | | | Consumer ID # | |
|--|--------------|--------------|-------------|---|---------------------------------|
| Representative: | | | | Representative ID # | |
| Person being Reimbursed (select one): Consumer _____ Representative _____ | | | | | |
| Mailing Address: | | | | | |
| City, State, Zip: | | | | | |
| Date of Service | Service Code | Plan Section | Backup? Y/N | Name of Vendor whose invoice or receipt is attached | Invoice amount to be Reimbursed |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| This form is to be used only to reimburse a consumer or representative for having paid an agency/ vendor or made an approved purchase from a local store (point-of-sale). | | | | | |

1. The attached PAID invoice(s) must be for services provided during a single calendar month. Please enter the last day that services were provided in that month.
2. Enter the appropriate two-digit service code from your approved purchasing plan. If the service was an assessment or evaluation, the service code ends with "A." If the vendor has provided more than one service during the calendar month and billed you using one or more invoices that you paid for with your own funds, you must list each service on a separate line and attach all PAID invoices.
3. In the next single block, enter the section of the purchasing plan in which the approved service was budgeted. Reimbursement may be made only for the following purchasing plan sections:
ONE TIME EXPENDITURES = E; SAVINGS = S; SHORT TERM EXPENDITURES = T.
4. In the column entitled "Back Up? Y/N" put a "Y" if the provider provided a service in the capacity of an Emergency Back Up provider; if not, enter "N."
5. Enter the name of the vendor that you paid and for which you are requesting to be reimbursed.
6. Enter the amount of each invoice or receipt for which you are requesting reimbursement.
7. You may not be reimbursed for items that you receive a cash check every month to purchase.

Consumer/Representative must attach a PAID invoice(s) to this request. The invoice(s) must either show a ZERO balance or the vendor must enter the following information on the invoice(s): "Paid in Full," date, consumer's name, vendor's signature, printed name and title.

Also, consumer/representative must confirm that goods or services billed on the attached invoice(s) were received, by writing on the invoice(s): "Goods/services received as shown." Write the consumer ID number on the invoice(s). Sign the invoice(s) and print the name of either the consumer or representative who signed. Write the date signed next to the signature.

Consumer/Representative Signature

Date

Please keep this form along with the vendor invoice in a safe place because you may be asked to provide a copy during random program monitoring.