

## 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](mailto:invoice@getintocommunityliving.com) Fax: 519-627-8905

Mail/Drop: 1100 Dufferin Ave., Wallaceburg, ON N8A 2W1