



## Reimbursement Request

Participant Name/ID#: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Reimbursement Payable To: \_\_\_\_\_

***Please review the following before submitting reimbursement request:***

- Only goods approved in the Community Support Plan will be reimbursed.
- Reimbursements should be submitted within 10 months of the date of purchase.
- Proof of payment must include the purchase date, item description, and amount paid.
- All receipts and/or order confirmations should be attached to this form.

Purchase Date	Description	Budget Category	Amount
<b>Total Reimbursement</b>			<b>\$</b>

\_\_\_\_\_  
Participant/Representative Signature

\_\_\_\_\_  
Date