

Self-Determination Program Reimbursement Request

Reimbursement Payable to: _____

Participant Name: _____

Consumer Number: _____

Date Submitted: _____

*** A receipt or invoice needs to be included for each item on this form. Only items and amounts approved in the spending plan will be reimbursed.*

Item Description	Total Cost	Date Purchased or Date of Service

Total Requested Reimbursement \$ _____

For Mains/I Use:

VENDOR _____		
TOTAL AMOUNT _____		
DATE APPROVED _____		
APPROVED BY _____		
<u>ACCOUNT</u>	<u>DEPT</u>	<u>AMOUNT</u>

REPAYMENT OF ITEMS RETURN OR SOLD

If you return or sell an item after we have reimbursed you, the money from that item must be returned to us. These funds are required to be returned to the funder.

Responsible Party Signature verifying approval and that goods / services have been received.
