# MN FMS Reimbursement Request Form

**Participant Name:** **Today's Date:**

**Reimbursement Payable To:** **Cost Center:**

**Submit completed Reimbursement Form with receipt(s) showing:**

- Date of Purchase
- Place of Purchase
- Item/Service Purchased and Total Cost
- Method and Proof of Payment

*All items must be **approved in the plan**.*

*Reimbursement requests must be submitted within 11 months of purchase/service due to DHS policy for timely billing.*

* CDCS does not allow reimbursement for tips, cancellation fees, purchase of gift cards or prepayment of annual subscriptions. It also does not allow for reimbursement of purchases made with EBT Funds. Please do not include these items in the reimbursement total.*

## Payment Schedule

Received **by Tuesday at 5:00 p.m.** → Paid the same Friday
Received **after Tuesday at 5:00 p.m.** → Paid the following Friday

| Date of Purchase | Place of Purchase | Item/Service Purchased | Support Plan Budget Line | Requested Reimbursement $ Amount |
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**MAINS'L USE ONLY**

Payable To:

Total $ Reimbursed:

Date: Entered By:

Notes:

Total Requested Reimbursement Amount: 0

**Responsible Party Signature verifying approval and that item/service(s) have been received.**

I understand that if an item is returned or sold after I receive reimbursement, the money from the item(s) must be returned to Mains'l.

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