

Expense Reimbursement Report

Person Supported: _____

Parent/Guardian: _____

Phone Number: _____

E-mail Address: _____

Month: _____ Year: _____

Service Provider Name: _____

EXPENSES:

Date	Description of Expense	Amount
Total Expenses		\$

MILEAGE:

Date	Trip to/from	# of km	Per/km	Mileage
Total Mileage				\$

REIMBURSEMENT REQUEST:

Total Expenses	\$
Total Mileage	\$
Reimbursement Request Expenses + Mileage	\$

REQUIRED SIGNATURES:

Service Provider:

I verify the information submitted on this form is actual and correct.

Service Provider (SIGNATURE)

Date

Parent/Guardian:

I received the service as indicated on this form and verify the information is actual and correct.

Signature of Parent/Guardian

Date

Make Payment to: _____

OFFICE USE ONLY

✓	Funding	Account #	Initials
	FMR	802114-2000	
	ASDR	802114-2050	
	SRS	802114-2060	
	OHRC	802114-2140	
	OHRA	802114-2130	
	SSAH	101104	
	Passport	101208	
	Other		
		101104	
	INVOICE #		
	EFT		
	AMOUNT PAID	\$	
	Admin Fee %	Admin Fee \$	
	Admin Fee Invoice #	Admin Fee Total \$	

To submit this form:

Fax to: 519-627-8905

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

E-mail to: invoice@getintocommunityliving.com

For more forms:

Call: 519-627-0777 Ext.2554

E-mail: invoice@getintocommunityliving.com

Online: www.respiteservices.com

Instructions for Completing the Expense Reimbursement Report

Upon receipt, Community Living Wallaceburg reviews the *Expense Reimbursement Report* for accuracy and verification that sufficient funds are available to process the request. If a Service Provider assists with the completion of this form, it is the Parent/Guardian's responsibility to review the following instructions with them.

Submit a **separate** invoice for **each** child you are seeking reimbursement for support/service they received.

Complete the form entirely:

- If applicable enter the *SSAH Authorization #* issued by MCSS at the top right hand corner of the form.
- Enter the name of the *Person Supported*, their *Parent/Guardian*, telephone number and e-mail.
- Enter the *Month* and *Year* the service was provided. Use a **separate** invoice for **each month**.
- **EXPENSES:** Enter the complete details for each expense and attach original receipts. The request will **not be processed without original receipts**.
- **MILEAGE:** Enter the details of the mileage amounts paid to the service provider.
- **REIMBURSEMENT REQUEST:** Calculate using totals from EXPENSE and MILEAGE sections.

SIGNATURES REQUIRED section provides verification of the information recorded on the report:

- Signatures are required for the report to be processed.
- The Parent/Guardian is required to sign to verify the information written on the invoice is correct.
- The Service Provider is required to sign the report to verify the mileage information is correct.

Office Use Only Section:

- For office use only

Help us Serve You Better:

- Please inform us if there are changes to your banking information, address, e-mail or telephone number by calling 519-627-0777 Ext. 2554 or e-mail invoice@getintocommunityliving.com

PLEASE NOTE this form has 3 copies:

- **white** copy is submitted to Community Living Wallaceburg
- **yellow** copy is for the Parent/Guardian
- **pink** copy is for the Service Provider

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