

ISS INDEPENDENT

SUPPORT SERVICES INC.

Make your Own Path

****SAMPLE****

****SAMPLE****

Monticello Office · PO Box 1320 · Monticello, NY 12701

Expense Report

For The Month of : _____

January 2019

Participant Name: _____
(Please Print)

****Sally Jones****

Check Payable To: _____
(Please Print)

****Nancy Lee****

Date of Expense	Activity	Budget Category	Expense Amount
1/1/2019	Movie Ticket	Staff Activity	\$ 9.50
1/26/2019	St. John's Basketball game @ MSG	Staff Activity	\$ 75.00
26-Jan	Roundtrip LIRR to NYC for game	IDGS Transport	\$ 22.50
1/13 & 20	Computer Class @ Public Library	Community Class	\$ 50.00
SAMPLE			
IMPORTANT NOTES			
Original Receipts NEED to be attached.			
Class Flyers required prior to first request.			
Transportation Cost –please note Service-Related (IDGS) or Personal (OTPS)			
SAMPLE			
TOTAL			\$ 160.00

****Nancy Lee** Signature Sample (only if staff is requesting reimbursement)**

1/26/2019

Signature of staff person seeking expense reimbursement _____

Date (mo/day/yr)

****Sally Jones or Designee** Signature Sample (required for all forms)**

1/28/2019

Signature of Participant/Designee (required) _____

Date (mo/day/yr)

- **NOTE:**
1. Original ITEMIZED Receipts MUST be attached.
 2. Form must be submitted MONTHLY within 30 days following the expense.
 3. W-9 required for all Community Classes and Contractors.
 4. Complete Bill and Proof of Payment required with each request.