SAMPLE

ISS INDEPENDENT SUPPORT SERVICES INC.
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EXPENSE REPORT

(Page 1 required for all requests)

For the Month of: January 2020

Participant Name: **Sally Jones** (Please Print)

Check Payable to: **Nancy Lee** (Please Print)

Date of Expense (MM/DD/YY)	Activity	Budget Category	Expense Amount
1/1/2020	Movie Ticket	Staff Activity	9.50
1/26/2020	St. John's Basketball game @ MSG	Staff Activity	75.00
1/26/20	Roundtrip LIRR to NYC for game	IDGS	22.50
1/13 & 20	Computer Class @ Library	Community Class	50
		Total:	157

****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)

I certify that the expenses listed above were provided in support of and approved by the Participant/Designee as noted by the signature below.

Nancy Lee ***SAMPLE*** 02/01/2020

Signature of person seeking expense reimbursement **Nancy Lee **Date: (MM/DD/YY) (Required)**

Mary Jones (Designee) ***SAMPLE*** 02/01/2020

Signature of Participant/Designee (Required) **Sally Jones **Date: (MM/DD/YY) (Required)**

PLEASE 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

Signing and submitting false information may lead to a charge of Medicaid fraud

Remit to: P.O. Box 1320, Monticello, NY 12701

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Participant Name: **Sally Jones** (Please Print)

Check Payable to: **Nancy Lee** (Please Print)

Date of Expense (MM/DD/YY)	Activity	Budget Category	Expense Amount
	*Note - Page 1 is required with all requests.		
	-Multiple copies of this page can be		
	submitted as necessary		
	-This page is to be used for additional lines		

Total: 157

I certify that the expenses listed above were provided in support of and approved by the Participant/Designee as noted by the signature below.

SAMPLE
Signature of person seeking expense reimbursement **Nancy Lee

Date: (MM/DD/YY) (Required)

SAMPLE
Signature of Participant/Designee (Required) **Sally Jones

Date: (MM/DD/YY) (Required)

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Remit to: P.O. Box 1320, Monticello, NY 12701

Rev 6/25/18