



Expense Form

This form is used when a client requests extra money totaling more than \$75 and up to \$300.

Date: _____

Program: _____

Type of Expense:

Amount Requested:

Clothing

\$ _____

Furniture

\$ _____

Household Item

\$ _____

Hygiene Item

\$ _____

Other (Please Specify) _____

\$ _____

Client Name: _____
Print
Signature
Date

Special Instructions: *Please submit receipts to payee.*

EXPENSE FORMS MUST BE RETURNED TO PAYEE WITH ORIGINAL SIGNATURE

Case Manager Name: _____

Case Manager Phone #: _____

Please Mark One:

Mail to Client

Case Manager Pick Up AND Receipt Submission

-Date: _____

-Time: _____

Payee Use Only

Check #

Receipts Submitted Date

