



221 BROADWAY, STE 206,
 AMITYVILLE, NY 11701
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Vendors Expense Report

Due by the 5th of each Month

For the Month of: _____
 Check Payable To: _____
 Address: _____

PLEASE- ONE MONTH PER EXPENSE REPORT

DATE	Participant's Name	Services Provided	Total	APPROVED AMOUNT FOR OFFICE USE ONLY
TOTAL			\$	\$

- SIGN IN SHEET
- EXPENSE REPORT
- INVOICE

I attest that the documented expenses incurred were provided for the participant noted above
****Signing and submitting false information may lead to charges of Medicaid Fraud****

 Signature of Designee seeking reimbursement _____
 Date

FOR OFFICE USE ONLY

TOTAL PAID FOR OTPS	_____	TOTAL PAID FOR IDGS	_____
TOTAL PAID	\$ _____		
Note: _____			