

Expense Report

due by the 5th of each month

For the Month of: _____ Participant's Name: _____

Check Payable To: _____

Address: _____

PLEASE- ONE MONTH PER EXPENSE REPORT

DATE	ACTIVITY	BUDGET CATEGORY	EXPENSE AMOUNT	APPROVED AMOUNT FOR OFFICE USE ONLY
	CAMP	IDGS		
	COMMUNITY CLASSES	IDGS		
	OTHER	IDGS		
	MEMBERSHIP	IDGS		
	IDD TRANSITION	IDGS		
	IDGS TRANSPORTATION	IDGS		
	RENT	OTPS		
	CELL PHONE/LANDLINE	OTPS		
	INTERNET	OTPS		
	PERSONAL USE TRANSPORTATION	OTPS		
	CLOTHING	OTPS		
	UTILITES	OTPS		
	OTHER GOODS AND SERVICES	OTPS		
	HEALTH AND SAFETY	OTPS		
	STAFF ACTIVITIES	OTPS		
	FAMILY REIMBURSED RESPITE	OTPS		
	OTHER	OTPS		
TOTAL			\$	\$

- MONTHLY SUMMARY NOTE (SECTION 6)
- EXPENSE REPORT
- RECEIPT
- IDGS MILEAGE
- OTPS MILEAGE

I attest that the documented expenses incurred were provided for the participant noted above

 Signature of Participant/ Designee seeking reimbursement

 Date

FOR OFFICE USE ONLY

TOTAL PAID FOR OTPS	\$	TOTAL PAID FOR IDGS	\$
FRR TOTAL	\$	TOTAL	\$