

Independent Support Services, Inc.

Make Your Own Path

PO Box 1320
Monticello, New York 12701
(845) 794-5218

Expense Report

For The Month of : _____

Participant Name: _____
(Please Print)

Check Payable To: _____
(Please Print)

Date of Expense	Activity	Budget Category	Expense Amount
TOTAL			

Signature of staff person seeking expense reimbursement

Date (mo/day/yr)

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.