

Independent Support Services, Inc.

Make Your Own Path

****SAMPLE****

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

****SAMPLE****

Expense Report

For The Month of :

January 2017

Participant Name:

****Sally Jones****

(Please Print)

Check Payable To:

****Nancy Lee****

(Please Print)

Date of Expense	Activity	Budget Category	Expense Amount
1/1/2017	Movie Ticket	Staff Activity	\$ 9.50
1/26/2017	St. John's Basketball game @ MSG	Staff Activity	\$ 75.00
26-Jan	Roundtrip LIRR to NYC for game	IDGS Transport	\$ 22.50
1/13 & 20	Computer Class @ Public Library	Community Class	\$ 50.00
SAMPLE			
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)			
SAMPLE			
TOTAL			\$ 160.00

****Nancy Lee** Signature Sample (only if staff is requesting reimbursement)**

Signature of staff person seeking expense reimbursement

1/26/2017

Date (mo/day/yr)

****Sally Jones or Designee** Signature Sample (required for all forms)**

Signature of Participant/Designee (required)

1/28/2017

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.