

ISS INDEPENDENT

SUPPORT SERVICES INC.

Make your Own Path

Monticello Office • PO Box 1320 • Monticello, NY 12701

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.