Financial Management Services

EXPENSE REPORT

Month/Year: ____________

Vendor Name: ________________________________

Vendor #: ________________________________

Regional Center: ________________________________

Client name: ________________________________

Date	As Dictated by Your Authorization Option A Fixed Daily Rate	Option B Total Miles Driven	Option C Transportation Cost	Reimbursement Rate	Description of Service Provided (Pick up/Drop off location)	Daily Totals
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Signatures	
Vendor Signature	*Date*
Client/Parent/Guardian Signature	*Date*

Summary of Auto Expenses	
Total Mileage	
Total Days	
Total Other	

EXPENSE REPORTS MUST BE RECEIVED BY THE 5th OF EVERY MONTH FOR PAYMENT TO BE SENT ON THE 10th

SUMMARY OF SERVICES

Vendor No.: ______________________ For Mo/Year: ______________________

Transportation services provided for (Consumer name): ______________________

Vendor name: ______________________

Vendor address: ______________________

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UCI No.: ______________________

Vendor Phone No.: ______________________

Date mm/dd/yyyy	**Trip** check one	**Start location** Address City, State, Zip	**End location** Address City, State, Zip	**Trip type** check one	**Miles** per trip	**Total trip miles** One way = Miles x 1 Round trip = Miles x 2 2 round trips = Miles x 4
	☐ AM ☐ PM ☐ Both			☐ One way ☐ Round trip ☐ 2 Round trips		
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					Total Miles Billed	

I certify that the consumers listed above were provided the services as authorized for the stated periods, and that no additional charges were made to other parties. I also certify that all information submitted on this claim form is accurate and complete. These claims are submitted under penalty of perjury.

______________________ ______________________

Vendor signature *Date*

SUMMARY OF SERVICES

Vendor No.: ____________ For Mo/Year: ____________

Transportation services provided for (Consumer name): ____________

Vendor name: ____________

Vendor address: ____________

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UCI No.: ____________

Vendor Phone No.: ____________

Date mm/dd/yyyy	**Trip** check one	**Start location** Address City, State, Zip	**End location** Address City, State, Zip	**Trip type** check one	**Miles** per trip	**Total trip miles** One way = Miles x 1 Round trip = Miles x 2 2 round trips = Miles x 4
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____________ ____________

Vendor signature *Date*