



EXPENSE REPORT

Month/Year:

Vendor Name: _____

Vendor #: _____

Regional Center: _____

Client name: _____

As Dictated by Your Authorization

Date	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