



FINANCIAL MANAGEMENT SERVICES

Money Follows the Person Program

P. O. Box 479

East Windsor CT 06088-0479

(860) 627-9500 Fax (860) 627-0230

Request for Transitional Services Reimbursement

Client Name: _____ (One form per Client) Date: _____

Table with 5 columns: Date of Receipt, Description of Item, Store Name, Budget Line, Amount. Includes a Total row at the bottom.

Make check payable to: _____ (Agency Name)

Contact Name: _____ Phone / Ext: _____

Vendor / Retail Check Request:

Payable To: _____

Address: _____ City: _____ Zip Code: _____

Description: _____

Mail To: _____

Comments: _____

*Receipts and/or quote must be attached. *By submitting this request for reimbursement, I affirm that these expenses were incurred for the Client and according to the approved plan.

Agency Contact Signature Printed Name & Title Date

Signature of Client/Representative Date



FINANCIAL MANAGEMENT SERVICES

Money Follows the Person Program

P. O. Box 479 East Windsor CT 06088-0479

(860) 627-9500 Fax (860) 627-0230

Receipt's Documentation

Check One Box

Funds Adv

For Reimb.

Agency Name: _____

Client Name _____

of Receipts _____

Page _____ of _____

Total \$ _____

**Please paste receipts (One page per Client) to page and mail, fax or upload to our FTP site.
If original receipts are not submitted, your Agency is responsible for retaining the original receipts on file.**

