MONARCH ILS

Expenditure Reimbursement

Individual's Name:_____ **UCI #:**_____

Staff Name:_____ **Date:**_____

Please list all reimbursable expenditures, activities, dates, items purchased; **and attach receipts.** Please add up the total at the bottom of the page and copy this amount to the front of this sheet. **Any expenses over $10.00 must be pre-approved by the Director.**

The following items are reimbursable: Bus fares and parking fees (when traveling with the individual), registration for class, community activity costs (except movies & bowling, which may be pre-approved on a discretionary basis), telephone costs (please attach a phone log for all calls). Also, include those items that are purchased as program supplies for individuals that MONARCH provides services to that have been pre-approved.

Date	Activity / Purpose of expense	Amount

Total: _____