

Family and Child Service of Schenectady, Inc.
1007 Maryland Avenue - Schenectady, NY 12308 - (518) 372-2814

Reimbursement Form

Reimbursement requests may be submitted by a FCSS employee, Consumer or Parent/Guardian with original receipts. When submitted by an employee, signed verification that the Parent/Guardian or Consumer has approved the receipts is required. In addition, when a reimbursement request is submitted for OTPS associated with Habilitation service, receipts must reflect the recreational activity date associated with the Habilitation Plan and the date the service was provided.

Consumer: _____

Worker: _____

Date	Purpose of Transaction	Amount of Expense
Total:		

Original Receipts attached

I have reviewed the above expenses and agree they are correct.

 Consumer, Parent/Guardian Signature

 Date

Check to: _____

Mail to: _____

For Office Use Only

Approved for payment _____ Date _____