

CDS Request for Reimbursement for Supplies & Services

Client Name: _____ Program: _____

Type of Supply or Service: *List Item and Amount, Attach Receipt*

- Fax/Copier/Printer/Cartridge: _____
- Office Supplies (File cabinet, paper, files): _____
- Employee Training/CPR: _____
- Advertising: _____
- Attendant Supplies (gloves, masks): _____
- Hepatitis B Vaccines: _____
- Criminal History Check: _____

Total Amount Requested for Reimbursement: _____

Certification: I certify that the attached receipts are for items or services to be used *solely* in support of the CDS client and/or the CDS employer and *solely* to fulfill the requirements of the CDS program. Further, each item has been purchased at a reasonable price of adequate quality to meet program requirements. Further, the cost of these items falls within the amount allotted in my current CDS budget.

Employer Signature: _____ Date: _____

Office Use Only:

Amount Approved for Reimbursement: _____ Pay Date: _____

Reason for Disapproval:

Client Contacted if Full Request Not Reimbursed: _____ Date: _____