

## Sample Participant-hired Worker Expense Report

- Instructions:**
1. Participant-hired worker completes expense information and attaches receipts.
  2. Participant-hired worker and participant employer sign at bottom.
  3. **Applicable receipts and/or bank statements must be attached.** A copy of only the front of a written check is not an acceptable receipt.
  4. Before submitting, make sure the items are included in the participant employer's plan.

Service Month: Month 2014 Participant-hired Worker Number: XXXXX

Print Participant-hired Worker Name: Jane Doe

Print Participant Employer Name: John Doe

| Date          | Description         | Service Code | Amount |
|---------------|---------------------|--------------|--------|
| MM/DD/YY      | Medical Supplies    | T2028        | \$20   |
| MM/DD/YY      | Health Club Payment | S9970        | \$36   |
|               |                     |              |        |
|               |                     |              |        |
|               |                     |              |        |
|               |                     |              |        |
|               |                     |              |        |
|               |                     |              |        |
|               |                     |              |        |
|               |                     |              |        |
| Total Amount: |                     |              | \$56   |

Participant-hired Worker Signature: \_\_\_\_\_ Date: MM/DD/YY

Participant Employer or Guardian Signature: \_\_\_\_\_ Date: MM/DD/YY