Associated Costs Expense Report

Employee: _____ Month/Year: _____

Participant: _____

Associated Costs expense sheets must be turned in to the Full Life office by the 1st of the next month to be paid on the mid-month payroll. Contact Program Coordinator if you have questions about your monthly budget.

DATE	VENDOR	ITEMS PURCHASED	AMOUNT	RECEIPT ATTACHED
		TOTALS		

I understand that I must attach receipts for each purchase and that each purchase reflects an associated cost identified in the individual's ISP.

_____ _____

Employee Signature Date

_____ _____

Participant/Guardian Signature Date

_____ _____

Supervisor Signature Date