

Sample #1



Claim Form for Payments and Reimbursements

Client: PERSON RECEIVING SERVICES

Representative (if applicable): PERSON WHO SIGNED MRCI AGREEMENT Phone: DAYTIME NUMBER

Address: COMPLETE Check box if this is a new address

City/ State/Zip Code: COMPLETE

Instructions:

1. **Submit dated receipt, invoice, or other form of payment. Claim cannot be processed if not included.**
2. All items must be approved on plan.
3. Annual subscriptions cannot be prepaid. Claims must be submitted monthly.
4. Purchases made with an **EBT card, Gift Card, or any type of Rewards Program** cannot be reimbursed.
5. Complete a separate sheet for each payee.
6. Email to Claims@MyMRCI.org (Preferred) or Fax toll-free using 1-888-800-7336

- **CLAIM FORM MUST BE COMPLETED FOR CLAIMS TO BE PROCESSED** -

Date Purchased or Service Provided	Name of Item/ Service (Respite is not a Reimbursable Service)	Budget Category (Approved Item in Plan)	Qty	Cost Per Item	Total Cost
NOTE: Claim Form must be submitted within 60 days of Purchase/Date of Service					
2-1-2021	WEIGHTED BLANKET	Envir. Mod. & Prov.	1	\$55.00	\$55.00

Payment Options:

Electronic Funds Transfer (Direct Deposit)

Printed Check (select one option):

Send to Client

Send to Representative

Send to following: **(Address Only Required If Not Sending to Client or Rep)**

Name: COMPLETE ONLY IF NEEDED - SEE ABOVE

Address: _____

City/ State/Zip Code: _____

SIGN
Signature of Client/Representative _____

DATE SIGNED
Date _____

Credit Card Order Form

Client: PERSON RECEIVING SERVICES

Representative (if applicable): PERSON WHO SIGNED MRCI AGREEMENT Phone DAYTIME NUMBER

Address COMPLETE

Check box if this is a new address

City/ State/Zip Code: COMPLETE

****CREDIT CARD INFORMATION BELOW:**

1-Sales Tax for Credit Card purchases: MRCI is required to add the MN sales tax equivalent on items purchased from *out-of-state companies*. This will add an additional cost for the purchase to your budget and will be applied as a separate transaction.

2- Use separate order form for orders with more than 5 items

3- Shipping and Handling cost (if applicable)

4- MRCI will not process credit card orders from any Walmart, Sam's Club, EBay, Craig's List., or overseas companies

5- MRCI does not place orders over the phone

6- MRCI will only order from websites with secure payment options

7- All listed items must be approved on plan.

8- Email to Claims@MyMRCI.org (Preferred) or Fax toll-free using 1-888-800-7336

- CREDIT CARD ORDER FORM MUST BE COMPLETED FOR ORDERS TO BE PROCESSED -

Name of item	Budget Category (Approved item in Plan)	Quantity	Cost per item	Total cost Includes Shipping and Taxes
MODIFIED PLATFORM SWING	Envior. Mod. & Prov.	1	\$314.00	\$387.58 (46.96 s/h + 26.62 sales tax)
URL: LIST WEBSITE AND LINK OF WHERE ITEM WAS FOUND				
URL:				
URL:				
URL:				
URL:				

Ship order to:

Name: COMPLETE WITH INFORMATION OF WHERE ITEM IS BEING SENT/DELIVERED TO

Address: _____

City/State/ Zip Code: _____

SIGN _____ DATE SIGNED _____
Signature of Client/Representative Date

Cell Phone/Internet Reimbursement Claim Form

Client: PERSON RECEIVING SERVICES

Representative (if applicable): PERSON WHO SIGNED MRCI AGREEMENT

Phone: DAYTIME NUMBER

Address: COMPLETE

Check box if this is a new address

City/ State/Zip Code: COMPLETE

Instructions:

1. Every year when your budget renews a bill/invoice/contract from your cell phone or internet company must be sent to MRCI for further claims to be processed. Then for the rest of the year, you need only submit this signed reimbursement form.
2. MRCI will reimburse you every month the reimbursement form is submitted, for the number of months indicated in your approved plan. Submit the reimbursement form at the end of each month, after the service has been provided.
3. If requesting reimbursement for multiple months, please use one form.
4. Email to Claims@MyMRCI.org (Preferred) or Fax toll-free using 1-888-800-7336

Note-Reimbursement Requests Must Be Submitted Within 60 Days of Service

Month Service Provided	Service	Cost/ Month
2-1-2021	Cell Phone	\$ 20.00 /Month
2-1-2021	Internet	\$ 20.00 /Month

Payment Option:

Electronic Funds Transfer (Direct Deposit)

Printed Check (select one option):

Send to Client

Send to Representative

Send to following: **(Address only Required If Not Sending to Client or Rep)**

Name: COMPLETE ONLY IF NEEDED - SEE ABOVE

Address: _____

City/ State/Zip Code: _____

SIGN

DATE SIGNED

Signature of Client/Representative

Date

Unacceptable:
Cutoff
information.

Acceptable all information is showing and readable.



Restaurant Name
Address 1
Address 2

3/15/09 6:06:44 PM

Table: 201 Chk: #1111 Guest: 2

6:06:44 PM

Guest: 2

40.75
12.50

45 Gluten Free Pizza \$ 40.75
2 GI Free Breadsticks \$ 12.50

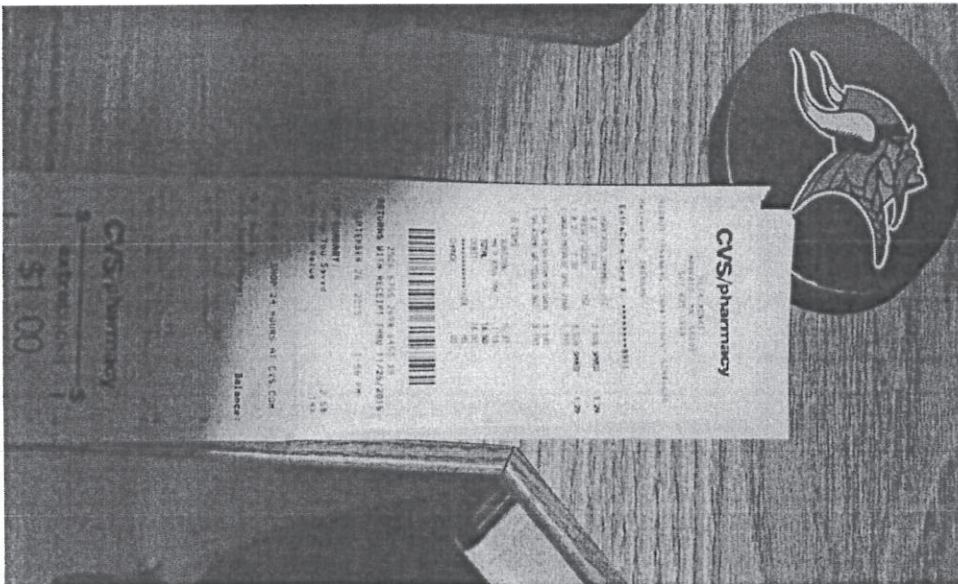
53.25
5.33
6.00
64.60

SUBTOTAL \$ 53.25
TAX \$ 5.33
GRATUITY \$ 6.00
TOTAL DUE \$ 64.60

WITH US!
AIN

THANK YOU FOR DINING WITH US!
PLEASE COME AGAIN

Unacceptable: blurry and unreadable



ANY STORE

ANY TOWN

555-555-5555

STORE: 00401
REGISTER: 002

CASHIER: Sam

ASSOCIATE:
00000018619

Case of Soda 5.99
508214-006 1 @ 5.99

Eggs 1.59
807469-002 1 @ 1.59

Fish 22.99
505453-033 1 @ 22.99

=

24.58

SUBTOTAL 30.57
SALES TAX 0.00
TOTAL 30.57

CASH TENDERED 50.00
CHANGE 19.43

Tran: 100786

10/1/2015 9:35:44AM