If faxing or emailing, please do not mail

☐ Check box if this is a new address.

MRCI - CDS
Claim Form
For Payments and Reimbursements

Please PRINT using black ink

Client _____ County _____

Representative (if applicable) _____ Phone _____

Address _____

City/ State/Zip Code _____

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

Date purchased OR →	Date service provided	Name of item/ service **(respite is not a reimbursable service)**	Budget Category **(Approved item in Plan)**	Quantity	Cost per item	Total cost
	NOTE: Claim Form must be submitted within 60 days after the end of your budget year					

All listed items must be approved on the plan.
Purchases made with an **EBT card** cannot be reimbursed.

****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.
2-only one large item preferred, (Big Ticket).
3-Shipping and Handling cost (if applicable)
4-MRCI will not process credit card orders from any Walmart stores (effective Oct. 1, 15)

Make check payable to _____

O Send reimbursement to Client

O Send reimbursement to Representative

O Send check to:
Name _____

Address _____

City/State/ Zip Code _____

o Send attached invoice or order form with payment

o **Credit Card purchase:_____

o Additional instructions:_____

_____ _____
Signature of Client/Representative Date

Instructions:
1. **Submit dated receipt**, invoice or order form must be attached in order for claim to be processed.
2. Complete a separate sheet for each payee.
3. Fax toll-free using 1-888-800-7336.
4. Or, email to Claims@MRCIWorkSource.org

Office use only
Authorized by_____
'U' code_____
Excel_____