



2024 Reimbursement Application

Attestation for Reimbursement for: _____
(Name of applicant)

By signing below, I acknowledge that I have read and agree to adhere to the reimbursement guidelines. I certify that all bills, invoices and receipts submitted for reimbursement are for goods and services associated with the individual's developmental disability and are true.

Signature of Individual or Parent/Guardian

Print Name of Individual or Parent/Guardian

Date