

Incidental Expenses Request/Approval Form

Agency:	Staff Name	: <u></u>		Date:	
Section A.: Request for Service Funding A	Authorization				
1. Client Name		_	2. SSN		
3. DOB4. Program	1:	_5. Sex: M or F		6. Yearly Income	
7. Description of Goods/Services requested:					
General reason for request/benefit to particular	cipant:				
Alternatives explored (detail agencies and	outcomes):				
10. List 3 quotes from different companies:	1st Company Name:			Price Quote:	
	2nd Company Name:			Price Quote:	
	3rd Company Name:			Price Quote:	
11. Funding amount requested:		_			
12. Itemization of the funding amount request	ted:				
	Item:			Amount/Price	\exists
For each item listed above, please	e include supporting docu	mentation (i.e., inv	oice, estima	ite, past due notice, etc.)	
13. Vendor (Name, Address, and Vendor ID#)				
Staff Signature/Date	Supervisor's Sig		nature		
Section B. Action Taken (to be completed by L	SFHS)				
Request Approved:	_				
Request Disapproved:		Instructions or Re	eason for Di	sapproval:	
Acknowledgement of request from Provider to	o access Incidental Exper	nses Funds			
LSFHS Network Manager Signature/Date		-			
LSFHS Second Approver Signature/Date		_	LSFHS Se	cond Approver Title	