

Fortnightly Expense Claim for Verified Support Delivered

Please note: This does not constitute an invoice for contract care. You must include an invoice for all Contract care payments included in this Expense Claim.

Fortnight Ending (dd/mm/yyyy)					
Person's Name (person receiving disability support)					
Agent's Name (person managing the funding if different to the person receiving the funding)					
<p>Declaration</p> <p>I accept that:</p> <ul style="list-style-type: none"> • I am fully responsible for the management of my Individualised Funding <p>I confirm, in relation to this claim for payment, that:</p> <ul style="list-style-type: none"> • The below information is a true and accurate record of the services/supports/expenses provided • I have complied with all my responsibilities in the Manawanui Service Agreement and the Ministry of Health's Standard Agreement Declaration – Service Agreement • All services/supports/expenses for which I have claimed payment have been incurred by me as at the date of this claim • I have made, and will retain, full records supporting this claim. I will make these records available for audit on request. 					
Date	Name of person or organisation	Address/phone number	DOB	Total Hours	Amount
Date	Other expenses – description of expense (you must keep a receipt for these)				Amount
Signature				Total	
Expenditure claimed for the fortnight (you must identify each person providing support every time)					
Date (dd/mm/yyyy)			TIP: Emailed expense claims require your typed name and date as substitute for a signature, however please keep all originals and receipts for auditing purposes.		

Please email this Expense Claim Form to: accounts@incharge.org.nz.