

**Case Management Services, Inc.**  
 7600 W. 75th St., Room 43  
 Overland Park, KS 66204

Fill form out completely,  
 turn in to your supervisor  
 with receipts attached  
 for reimbursement of  
 legitimate office expenses.

## Expense Reimbursement Form

Name	
Address	
City, Street, ZIP	
Phone	
E-mail	

Date Incurred	Vendor and Purpose	Amount
<b>TOTAL REIMBURSEMENT REQUESTED</b>		

I certify that the expenses for which I am seeking reimbursement were directly related to Integrity activities.

Signed	
Date	

**Don't forget to attach your receipts!**