

**CHILDREN AND ADOLESCENT**  
***LOCAL AREA NETWORK 27***

**FLEX WRAP EXPENSE REIMBURSEMENT FORM**

Flex Wrap Plan For: \_\_\_\_\_ For Month Beginning: \_\_\_\_\_ And Ending: \_\_\_\_\_  
 (Child's Name)

<b>Date From Receipt</b>	<b>Receipt Attached?</b>	<b>Vendor From Receipt</b>	<b>Purpose of Expense/Item</b>	<b>Expense Amount</b>	<b>Domain Addressed*</b>
<b>TOTAL</b>					

**Signatures:** \_\_\_\_\_  
 (Payee) (Facilitator)

Payee's Name: \_\_\_\_\_ Payee's Mailing Address: \_\_\_\_\_  
 (Please Print) (including city, state & ZIP)

**\*Domains:** Living Arrangement, Family, Social/Recreational, Emotional/Psychological, Educational/Vocational, Safety, Legal, Medical, or Other (Crisis Intervention, Spiritual/Cultural, Financial, Behavioral)