iLIFE

Choice. With Confidence.

IRIS Participant-hired Worker Expense Report

Instructions: 1. Participant-hired worker completes expense information and attaches receipts.
2. Participant-hired worker and participant employer sign at the bottom.
3. **Applicable receipts and/or bank statements must be attached.** A copy of only the front of a written check is not an acceptable receipt.
4. Before submitting, make sure the items are included in the participant employer's plan.

Pay Period Begins (MM/DD/YYYY):_____ **Pay Period Ends (MM/DD/YYYY):** _____

Participant-hired Worker Number: _____

Print Participant-hired Worker Name: _____

Print Participant Employer Name: _____

Date	Description	Service Code	Amount
		Total Amount:	

Participant-hired Worker Signature:_____ **Date:** _____

Participant Employer or Guardian Signature:_____ **Date:** _____