

Fortnightly Expense Claim

For Verified Support Delivered



Personal Details

Person Receiving Funding*	<input type="text"/>	Client Code*	<input type="text"/>
Agent's Name	<input type="text"/>	(Your code is on the top of your statement.)	
Fortnight Ending*	<input type="text"/>	Today's Date	<input type="text"/>

Declaration

I accept that:

- I am fully responsible for the management of my Individualised Funding

I confirm, in relation to this claim for payment, that:

- 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.

Expenditure Claimed for the Fortnight

(you must identify each person providing support every time)

Date	Name of Person or Organisation (check if respite)	Address	Phone	DOB	Total Hours	Amount
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
Date	Other expenses - description of expense (you must keep a receipt for these)					Amount
Signature					Total	

Important: Please remember to keep a copy of this form and any receipts for auditing purposes.

You must complete the form fully for your claim to be processed

Instructions for Completing your Expense Claim

- Please specify if expense is to come out of your Respite budget. If not specified claim will automatically come out of your IF/EIF/EGL/DHB/MSD budget.
- Please submit your claim by midday on a Monday in line with the payments schedule. Funds are generally cleared in your account on the following Wednesday.
- Claims submitted after this time will be processed on the following Friday and will generally be cleared in your account the next day.
- You must have a receipt or invoice to match each item claimed.
- Claims for expenses in excess of \$500 or for IT equipment such as computers, phones, printers must be approved prior to purchase and be accompanied by a receipt when claiming.
- Please use the submit by email button or email this Expense Claim Form to: accounts@incharge.org.nz.

The following is an example of the information expected on expense claims:

Example

Person Receiving Funding	Joe Bloggs	Fortnight Ending	25/12/2020
Agent's Name	John Doe	Today's Date	26/12/2020

Date	Name of Person or Organisation (check if respite)	Address	Phone	DOB	Total Hours	Amount
19/12/2020	Sarah Jones <input type="checkbox"/>	1 ABC Street, Auckland	023 1234567	1/1/1989	6	120.00
20/12/2020	William Trust <input checked="" type="checkbox"/>	99a Alphabet Cres, Auckland	023 1122334	2/2/1990	17	272.00
21/12/2020	ABC.org <input type="checkbox"/>	111 XYZ Ave, Auckland	09 9876543			220.00
Date	Other expenses - description of expense (you must keep a receipt for these)					Amount
21/12/2020	Gloves for support worker					12.45
21/12/2020	First aid training for W. Trust					130.00
Signature	<i>John Doe</i>				Total	754.45