

Check box if this is a new address.



Cell Phone/Internet Reimbursement Claim Form

Client _____ County _____

Representative (if applicable) _____ Phone _____

Address _____

City/ State/Zip Code _____

Month Service Provided	Service	Cost/ Month
	Cell Phone or Internet	\$ /Month
	Internet or Cell Phone	\$ /Month

Make check payable to _____

- Send reimbursement to Client
- Send reimbursement to Representative

Send check to: _____ Additional instructions: _____

Name _____

Address _____

City/State/Zip Code _____

MRCI will reimburse you every month that this reimbursement form is submitted, for the number of months indicated in your county-approved plan. Submit the reimbursement form at the end of each month, after the service has been provided.

EVERY YEAR WHEN YOUR BUDGET RENEWS, you will need to send us a copy of a bill/invoice/contract from your cell phone or internet company as proof that you have the service.

Signature of Client/Representative

Date

Instructions:

1. Yearly when the budget renews a bill/invoice/contract must be sent to us in order for further claims to be processed. Then for the rest of the year, you need only submit this signed reimbursement form.
2. Fax toll-free using 1-888-800-7336.
3. Email to Claims@MyMRCI.org

Office use only
 Authorized by _____
 'U' code _____
 Excel _____