

If faxing or emailing, please do not mail

MRCI - CDS

Please PRINT using black ink

Check box if this is a new address.

**Claim Form
For Payments and Reimbursements**

Client _____ County _____

Representative (if applicable) _____ Phone _____

Address _____

City/ State/Zip Code _____

- CLAIM FORM MUST BE COMPLETED FOR CLAIMS TO BE PROCESSED -

Date purchased OR →	Date service provided	Name of item/ service (respite is not a reimbursable service)	Budget Category (Approved item in Plan)	Quantity	Cost per item	Total cost
NOTE: Claim Form must be submitted within 60 days after the end of your budget year						

All listed items must be approved on the plan.
Purchases made with an **EBT card** cannot be reimbursed.

****CREDIT CARD INFORMATION BELOW:**

1-Sales Tax for Credit Card purchases: MRCI is required to add the MN sales tax equivalent on items purchased from *out-of-state companies*. This will add an additional cost for the purchase to your budget.

2-only one large item preferred, (Big Ticket).

3-Shipping and Handling cost (if applicable)

4-MRCI will not process credit card orders from any Walmart stores (effective Oct. 1, 15)

Make check payable to _____

- Send reimbursement to Client
- Send reimbursement to Representative
- Send check to:
Name _____
- Send attached invoice or order form with payment
- **Credit Card purchase: _____
- Additional instructions: _____

Address _____

City/State/ Zip Code _____

Signature of Client/Representative

Date

Instructions:

- Submit dated receipt**, invoice or order form must be attached in order for claim to be processed.
- Complete a separate sheet for each payee.
- Fax toll-free using 1-888-800-7336.
- Or, email to Claims@MyMRCI.org

Authorized by _____

Office use only

'U' code _____

Excel _____