**Itemized Receipts**

Please complete the following information when submitting receipts for reimbursement.

Month: __________________________________________

Individual Name: ____________________________________

Staff Name: _________________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX: 01/01/01</td>
<td>Food</td>
<td>17.40</td>
</tr>
</tbody>
</table>

Total: _________________________________________

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**Achieve with us.**

*Member Agency:* The Arc of Massachusetts  The Arc of the United States  
*Service Areas:* Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimac, Newbury, Newburyport, Rowley, Salisbury, West Newbury