The Arc
Greater Haverhill–Newburyport

Itemized Receipts

Please list in full detail the following information requested when submitting receipts for reimbursement.

Month:_____

Individual Name:_____

Staff Name:_____

DATE	ITEM	AMOUNT
Total:		

****

Office Use Only

Date received: _____

$_____3798 - ISS

$_____3780 - ISS Financial Assistance

$_____6704 - AWC

$_____6780 - AWC Financial Assist.

$_____3703 - IHS

$_____ 3779 - Family Support Stipend

$_____6703 - AWC

Requested By: _____

Approved By: _____

Date: _____

Achieve with us.

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