

# Flex Funds Reimbursement Entry Form



To be reimbursed for a Flex Fund (9000 code) purchase, an original itemized receipt needs to be included with this form and turned in within 30 days of the purchase date. **This form does not guarantee payment.** A Flex Fund Progress Note must be entered into FidelityEHR and approved by a CC Supervisor. This form can be used for multiple receipts for a single client. Please only include dates within the same month.

Provider Name : YOUR NAME HERE

Date: TODAY'S DATE

Provider Address: WHERE YOU LIVE

Method of Delivery to CCNY:  US Mail  
 Hand Deliver

Provider Phone #: YOUR PHONE NUMBER

Provider Agency: THE AGENCY YOU WORK FOR

send to:

CCNY Attn. Sherry  
 567 Exchange Street  
 Buffalo, NY 14210  
 (716) 855-0007 ext. 318

Care Coordinator: THE CARE COORDINATOR ON THIS CASE

CC Agency: THE CARE COORDINATION AGENCY

Case #: CASE NUMBER FOR CLIENT

Identified Client Name: IDENTIFIED CLIENT

Recipient of Expense: WHO WAS EXPENSE MADE FOR

Explanation of Expense: THE GOAL RELATED TO THIS EXPENSE

Flex Fund Code	9000 code	9000 code	9000 code	9000 code
Dates of Purchase:	DATE 1	DATE 2	DATE 3	DATE 4
Funds Spent:	RECEIPT 1	RECEIPT 2	RECEIPT 3	RECEIPT 4
How Paid:				

Please specify if you paid with cash, debit, credit or check

Person or Agency to be Reimbursed: **(ONLY CHECK ONE)**

- Same As Provider (person completing this form)
- Same As Care Coordinator
- Care Coordination Agency
- Different than above (fill out below)

Any Additional Information Regarding Payment:

**ANY ADDITIONAL INFORMATION NEEDED TO PROCESS THE RECEIPTS BEING SUBMITTED.**

Name: FILL THIS SECTION OUT IF THE CHECK IS

Address: GOING TO ANYONE/COMPANY THAT IS NOT LISTED IN THE ABOVE SECTIONS.

Account #: THE INVOICE OR REFERENCE #

**PLEASE DO NOT FILL OUT ANYTHING BELOW THIS LINE:**

Invoice #: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Check Date: \_\_\_\_\_

Person/Date Received: \_\_\_\_\_

	Rejected	Approved
Date:		
Receipt(s) attached:		
Scan form and receipt(s):		
Entered into database:	n/a	
Email agency contact:		
Copy scanned doc into shared:		
Mailed back to provider:		n/a