

# SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING (SARCOA)

1075 S. Brannon Stand Road, Dothan, AL 36305  
Area Agency on Aging



## VOUCHER SUMMARY

### REQUEST FOR REIMBURSEMENT

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

SERVICE	RATE	TOTAL UNITS (DAYS)	TOTAL DOLLAR AMOUNT	(SARCOA USE ONLY)	
				TOTAL UNITS (DAYS)	TOTAL REIMBURSEMENT AMOUNT
Adult Day Care	\$ 50.93 with transport		\$		\$
			\$		\$

I REQUEST REIMBURSEMENT FOR SERVICES RENDERED FOR THE ALABAMA CARES PROGRAM ADMINISTERED BY THE SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING. THE SIGNATURE APPEARING BELOW MUST BE ON FILE WITH SARCOA AS AN AUTHORIZED SIGNATURE.

\_\_\_\_\_  
ADMINISTRATOR / OFFICIAL

\_\_\_\_\_  
DATE