

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	\$40.93 without 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