



REQUEST FOR REIMBURSEMENT FOR FOOD PURCHASES



Directions: Whenever you purchase replacement foods from a restaurant, grocery, deli, or other approved source, you must:

1. Fill out this form. Use a separate form for each store/restaurant.
2. Attach a receipt from the store or restaurant. Write your center's name on the back of the receipt. Staple the receipt to the form.
3. Record this information on the meal delivery ticket also.
4. Leave this form and receipt with your meal ticket for pick-up by the TRIO driver.
5. Send a copy of the form to your Area Agency with your meal tickets. Notify your Area Agency on Aging if you do not receive cash within five working days (1 week) or a check within 15 working days (3 weeks).

Center Name: _____ **Date:** ____/____/____

Area Agency on Aging: _____

Store: _____ **Address:** _____
Store Phone #: _____

Items Purchased: _____

Reason for Purchasing: _____.

Purchase Amount: _____ **Reimbursement Type:** Cash Check

Make Check Payable To: _____

Address: _____

If this is the 1st time you have been paid via check from TRIO, please attach a copy of your completed W-9 to be set up in our system.

Signature of Center Manager

____/____/____
Date

Signature of TRIO Unit Manager

____/____/____
Date

First Copy = TRIO

Second Copy = Center Manager

Third Copy = Area Agency on Aging

RECEIPT MUST BE ATTACHED