



CENTER FOR INDEPENDENCE  
VETERAN CHOICE PROGRAM  
EXPENSE REPORT

**Instructions:** Please complete the form below and attach back-up documentation and receipt(s). The Veteran, or the Veteran’s Authorized Representative, must sign and date the bottom. Please make sure the items you are expensing are included in the Veteran’s plan. Once complete, provide the form to your Coach for approval by the 10th of the following month. Your Coach will then submit the form to ResilientSD:

**Mail**  
10425 W. North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**  
[COCFI@Resilient-SD.com](mailto:COCFI@Resilient-SD.com)

Veteran Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

**Make check payable to:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check this box **ONLY** if you **DO NOT** want the check to be mailed to the vendor.

Date	Description	Amount
<b>Total Amount:</b>		

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_