ResilientSD
Part of the AssuranceSD Family

THE INDEPENDENCE CENTER – NEW MEXICO VETERAN DIRECTED CARE 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.

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
	Total Amount:	

Veteran/Authorized Representative Signature: _____ Date: _____