



OREGON
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. Your Coach will then submit the form to ResilientSD:

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

Email
ORVDC@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
Total Amount:		

Veteran/Authorized Representative Signature: _____ Date: _____