EIP Reimbursement Voucher
Evaluation Team

Submitted by: _____
Please PRINT Name

Child's Name	Date of Service	Type of Service	Total DS Time in Hrs.	Reimbursement Rate/Hour	TOTAL Reimbursement

Grand Total: _____

Signature: _____ Date: _____

Approved by: _____ Date: _____

Submit to Program Administrator for approval. Maintain a copy for your records. Page_____ of _____