

Modivcare Expense Report - Maine

Must be sent to: Modivcare-UR Department 500 Southborough Dr | Ste LL6 | South Portland, ME 04106

Checks should be made payable to:

MaineCare Member Information:

Name:

Name:

Mailing Address:

MaineCare ID#:

City/State/Zip:

ModivCare AUTHORIZATION/JOB #:

Receipts for ALL expenses must be INCLUDED with this Expense Report

IMPORTANT: Form must be filled out completely in order to receive reimbursement. All receipts must be received no later than 60 days after the last appointment. Receipts received after the 60 day period will not be processed.

Date:	SUN	MON	TUES	WED	THURS	FRI	SAT
Breakfast							
Lunch							
Dinner							
Meals Total:							
Lodging							
Other: Park/Toll/Ferry/etc							
Total:							

Total Amount Approved: \$

Member/guardian signature: _____

Total amount requested:
 Total amount approved:
 Processed by:
 Date: