



THE IC VETERAN IN CHARGE 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 Premier Financial Management Services (Premier FMS) via one of the following options below:

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

Email: ICVIC@premier-fms.com

Fax: (855) 325-4668

Veteran Name: _____

Authorized Representative Name: _____

Make check payable to:

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

Name: _____

Address: _____

City/State/Zip: _____

Table with 3 columns: Date, Description, Amount. Includes a Total Amount row at the bottom right.

Veteran/AR Signature: _____ Date: ___ / ___ / ___