Premier
Financial Management Services

PARTICIPANT-HIRED WORKER EXPENSE REPORT

Participant–hired Worker Name: Jane Smith

Participant Name: John Smith ID Number: 123456

Instructions: *Please complete the form below and* ***attach back-up documentation and receipt(s)****. Both the Participant-hired worker and participant must sign at the bottom. Please make sure the items you are expensing are included in the participant's (employer) plan.*

DATE	DESCRIPTION	SERVICE CODE	AMOUNT
07/02/16	Over the Counter Medical	T2028	$3.29
07/03/16	Over the Counter Medical; Ensure	T2028	$5.99
		TOTAL AMOUNT:	$9.28

Participant–hired Worker Signature: Jane Smith Date: 07/03/16

Participant/Guardian Signature: John Smith Date: 07/03/16

Expense Report Submission

Mail:
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Milwaukee, WI 53226

Walk-In:
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Milwaukee, WI 53226

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