Premier
Financial Management Services

PARTICIPANT-HIRED WORKER EXPENSE REPORT

Participant–hired Worker Name: _____

Participant Name: _____ ID Number: _____

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
		TOTAL AMOUNT:	

Participant–hired Worker Signature: _____ Date: ____/____/_____

Participant/Guardian Signature: _____ Date: ____/____/_____

Expense Report Submission

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