

THE IC VETERAN DIRECTED CARE 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 Rep	resentative 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: _				
Date		Description	Amount	
		Total Ar	mount:	
Veteran/AR Signature:		D	rate: / /	