

OREGON 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** (PremierFMS) via one of the following options below:

Mail: 10425 W North Ave. Suite 345 Milwaukee, WI 53226		Email: payrolltimesheets@premier-fms.com			Fax: 855-275-3949		
Veteran Name: _							
Authorized Repre	esentative Name:						
Make check pay	able to:		☐ Check this box ONLY if you check to be mailed to ye			you DO NOT want	
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