

STAFF REIMBURSEMENT FORM

PRINTED	NAME		

The above reimbursement recorded is correct as shown.

- RECEIPTS MUST HAVE YOUR SIGNATURE AND CLIENT'S NAME ON THEM
- COST CENTERS/ACCOUNT MUST BE CORRECT BEFORE GIVING TO ACCOUNTING (See chart)
- FORMS MUST BE TURNED IN BY THE MONDAY OF PAYROLL WEEK BY 10:30AM

*Any forms that are filled out incorrectly will be given back to staff to correct and may result in a delay in reimbursement. *

**ANY RECEIPTS THAT ARE MORE THAN 30 DAYS OLD WILL NOT BE REIMBURSED. **

*** Any Client Payback must be signed by Jackie Dutcher and ChaKara Gunn. ***

Date	Expense Code	Cost Center	Business Name	Client's Name -No Initials	Activity Total	Meal Total	Total All

Staff Signature Date Supervisor's Signature Date

PALADIN COST CENTERS

100	Day Services – LaPorte County	600	Extended Services
105	Day Services - Lake County	810	TNP (Transportation)
300	RHS - LaPorte & Porter County	880	Imagination Station
301	RHS - Lake	890	Head Start
470	Butterfly (Maint Only)	900	Admin & Support

PALADIN MOST USED EXPENSE CODES

6015	Bldg. & Grds Maintenance	7220	Staff Travel (Staff Reimburse)		
6050	Bldg. & Grds Supplies	7225	Instructional Supplies		
7120	Meals Purchased for Houses	7290	Safety Supplies		
7130	Hygiene Supplies for Houses	7930	Office Supplies		
7150	Household Supplies for Houses	8365	Staff Training *Medcore, CPI, AmReCr*		
7170	Nursing Supplies for Houses	8760	Conf, Conv, & Seminars		
7210	Client Activities (Staff Reimburse)	1500	Prepaid-Client Payback		