

**Strengthening Families Program
Expense Reimbursement**

Name: _____

Date: _____

Strengthening Families Participant's Name: _____

This form must be submitted with all itemized receipts. Multiple receipts can be grouped together on one reimbursement form. Prior authorization to purchase items must be given by the Strengthening Families Program Specialist.

Completed reimbursement forms with attached receipts can be mailed to the Strengthening Families Program at 3800 E Hwy 34, c/o 500 E. Capital Ave., Pierre SD 57501, emailed to FSSStatewideProgram@state.sd.us or faxed to (605)773-6412.

Item	Date Purchased	Amount (Before Tax)

SUBTOTAL _____

I certify that the above items were purchased for the individual approved by the Strengthening Families Program: _____

Signature

For State use only:

DDD Approval: _____

Signature

Date

If you have questions, please call 605-773-3438 or email FSSStatewideProgram@state.sd.us.