

Fiscal Year FY25

**FAMILY RESOURCE CENTER
FLEX FUNDING REIMBURSEMENT FORM**

Send this form and any receipts to:

Northeast Arc
Family Resource Center
100 Independence Way STE D3
Danvers, MA 01923
Fax: 978-762-3980 (ATTN: Aymee Lucifora, Naomi Chicos)
Email: FRC-IHS@ne-arc.org

Unsigned forms will not be processed

MAKE CHECK PAYABLE TO:

PROVIDER/VENDOR NAME: Northeast Arc Recreation Department

ADDRESS: 100 Independence Way STE D3

CITY/TOWN/ZIP: Danvers MA 01923

CONSUMERS NAME: _____

_____ RESPITE

_____ PURCHASE OF GOODS
(Attach Receipts)

_____ PURCHASE OF SERVICE
(Attach Receipts)

FAMILY MEMBER'S SIGNATURE _____ **DATE** _____

RESPITE PROVIDER'S NAME: _____ **Phone:** _____

RESPITE PROVIDER'S SIGNATURE: _____

Respite Dates: _____ Times: _____ Total Hrs. X Rate of Pay: \$ _____

TOTAL AMOUNT PAID TO PROVIDER: \$ _____

Office use only

ACCOUNT BEING CHARGED: 46860-682

DATE RECEIVED: _____ AMOUNT PAID: _____

PROGRAM APPROVAL: _____

FINANCIAL APPROVAL: _____ DATE: _____