

Fiscal Year FY20

# FAMILY RESOURCE CENTER FLEX FUNDING REIMBURSEMENT FORM

**Send this form and any receipts to:**

**Northeast Arc  
Family Resource Center  
6 Southside Road  
Danvers, MA 01923  
Fax: 978-762-3980 (ATTN: Aymee Lucifora or Jessica Devine)**

**Unsigned forms will not be processed**

**MAKE CHECK PAYABLE TO:**

**PROVIDER/VENDOR NAME:** Northeast Arc Recreation Department

**ADDRESS: 6 Southside Rd.**

**CITY/TOWN/ZIP: Danvers MA 01923**

CONSUMERS NAME: \_\_\_\_\_

\_\_\_\_\_RESPITE                      \_\_\_\_\_PURCHASE OF GOODS                      \_\_\_\_\_PURCHASE OF SERVICE  
(Attach Receipts)                      (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: \_\_\_\_\_