## **Alternate Receipt for DVR Services**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

This form is used when a consumer is unable to provide a receipt and must accompany a completed Expense Reimbursement Log (ERL).

Consumer Name	IRIS Case Number	
Consumer Address		
Check Date	Amount Received From D	OVR
Services for Which Money was Received		
☐ I am unable to provide a receipt or detail of mileage traveled.		
☐ I am unable to provide receipts; however, a DVR Staff Member physically saw the service or good for which the money was issued. Name of DVR Staff Member:		
☐ I (or a school representative) have provided a copy of the school's transcript or grade report for a Training Grant.		
☐ Other (Include a Description).		
Reason/Explanation as to Why Receipt Cannot be Provided		
<del></del>		
I certify that the information shown on this receipt is true, correct, and complete to the best of my knowledge. I also certify that I understand that, for future reimbursements from DVR, I am required to provide an Expense Reimbursement Log (ERL) and receipts (if required for service type).		
Consumer Signature		Date Signed
WDA Director/VR Supervisor Printed Name & Signatu	ıre	Date Signed

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