



*Strong Families Make a Strong Kansas*

### **Receipt Substitute Form**

*Use this form to provide additional detail when the original receipt does not specifically list the payee, what was purchased, the date, and/or the cost. This form may also be used when the receipt has been lost or is not available.*

Description of item purchased:

RS Service or Payment Authorization Number:

Payee (from whom did I make the purchase):

Date of purchase:

Cost:

**Reason the receipt or proof-of-purchase documentation is not available:**

---

---

**The form of payment I used (check applicable):**

Cash     Check     Credit Card     Other (specify) \_\_\_\_\_

I understand that this Form may not be used as a substitute for original receipts or proof-of-purchase on a routine basis. Overuse will result in discontinuation of reimbursement or payment in advance privileges. I certify that the amount shown is the amount actually paid. I also understand that falsified receipts or documentation will result in my VR case being closed. In such circumstances, a referral for further investigation will be made to the Department for Children and Families Fraud Unit.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_