



Cell Phone/Internet Reimbursement Claim Form

Client: _____

Representative (if applicable): _____ Phone: _____

Address: _____ Check box if this is a new address

City/ State/Zip Code: _____

Instructions:

1. Every year when your budget renews a bill/invoice/contract from your cell phone or internet company must be sent to MRCI for further claims to be processed. Then for the rest of the year, you need only submit this signed reimbursement form.
2. MRCI will reimburse you every month the reimbursement form is submitted, for the number of months indicated in your approved plan. Submit the reimbursement form at the end of each month, after the service has been provided.
3. If requesting reimbursement for multiple months, please use one form.
4. Email to Claims@MyMRCI.org (Preferred) or Fax toll-free using 1-888-800-7336

Note-Reimbursement Requests Must Be Submitted Within 60 Days of Service

Month Service Provided	Service	Cost/ Month
	Cell Phone	\$ /Month
	Internet	\$ /Month

Payment Option:

Electronic Funds Transfer (Direct Deposit)

Printed Check (select one option):

Send to Client

Send to Representative

Send to following: (Address only Require If Not Sending to Client or Rep)

Name: _____

Address: _____

City/ State/Zip Code: _____

Signature of Client/Representative

Date