IRIS Sample Participant-hired Worker Expense Report

Instructions:
1. Participant-hired worker completes expense information and attaches receipts.
2. Participant-hired worker and participant employer sign at bottom.
3. Applicable receipts and/or bank statements must be attached. A copy of only the front of a written check is not an acceptable receipt.
4. Before submitting, make sure the items are included in the participant employer’s plan.

Service Month: Month 2014  
Participant-hired Worker Number: XXXXX

Print Participant-hired Worker Name: Jane Doe

Print Participant Employer Name: John Doe

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Service Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YY</td>
<td>Medical Supplies</td>
<td>T2028</td>
<td>$20</td>
</tr>
<tr>
<td>MM/DD/YY</td>
<td>Health Club Payment</td>
<td>S9970</td>
<td>$36</td>
</tr>
</tbody>
</table>

Total Amount: $56

Participant-hired Worker Signature: ________________________________  Date: MM/DD/YY

Participant Employer or Guardian Signature: __________________________  Date: MM/DD/YY