

RECEIPT OF SERVICE(S)

Participant: _____ NJCOS #: _____

Service/Payment: _____

Amount: _____

Justification and details for said service is as follows:

*****Please attach documentation separately, including copies of cards, checks or vouchers issued, receipts, etc. *****

My signature below verifies that I have received the service/payment listed above. I agree not to sell, trade, barter, loan nor to allow the use of these services and/or items to or by other individuals. If store gift cards or vouchers are provided to purchase needed items, I agree to obtain only those items requested and approved above. Failure to comply with this requirement, or other program policies, may result in the termination of future services at the discretion of the sub-recipient listed above.

Participant Signature: _____ Date

Case Manager Signature: _____ Date