|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UCare Member ID | Member Name  (First and Last) | Session Name | Session  Date | Total  Session Fee | Invoice Amount  ($15 max) | **UCare use only**  (eligibility check) |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  |  |  | $     .00 | YES:  Termed:  Ineligible: |
|  |  |  | Total Amount Requested: | | $     .00 | Amount Reimbursed: |
|  | |  |

School District Name:       District Number:

Make Check Payable To:       Address, City, State, Zip:

Form Completed By:       Phone Number:      Email: