

## Community Transition Services (CTS) Authorization Request/Cost Report

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Transition Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Allowable Items – Enter under Item/Type of Service Security deposit set up fees for utilities, household items, and furnishings moving expenses, health and safety assurances, food (\$100 limit)

Date	Item/Type of Service	Vendor Information	Estimated Cost	Final Cost
		Check payable to: Contact person: Address: Phone: Receipts/Cancelled checks: ___ Yes ___ No		
		Check payable to: Contact person: Address: Phone: Receipts/Cancelled checks: ___ Yes ___ No		
		Check payable to: Contact person: Address: Phone: Receipts/Cancelled checks: ___ Yes ___ No		
		Check payable to: Contact person: Address: Phone: Receipts/Cancelled checks: ___ Yes ___ No		
		Check payable to: Contact person: Address: Phone: Receipts/Cancelled checks: ___ Yes ___ No		
	<b>Total Purchases CTS Items</b>	<b>T2038 U1 52</b>		

SEP Case Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised: April 9, 2014 version 2