

# Autism Spectrum Disorder Individualized Funding (ASD-IF) Expense Invoice Form

## Instructions

Please complete this form when you cannot obtain a receipt from a service provider or vendor (e.g., respite, mileage).  
Once complete, submit this form with your online expense submission at: [saskatchewan.ca/autism](https://saskatchewan.ca/autism).

## Child Information

Child First Name	Child Last Name	Health Services Number
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## Parent/Guardian Information

Parent/Guardian First Name	Parent/Guardian Last Name	Email Address
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**\*This is the information of the ASD-IF funding applicant. If you are not sure which parent is the funding applicant, please contact [autismif@gov.sk.ca](mailto:autismif@gov.sk.ca).**

## Expense

Eligible Service	Date Expense Incurred (MM/DD/YYYY)	Amount Paid
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Additional Information

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Printed Name (Parent/Guardian)	Date (MM/DD/YYYY)
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Printed Name (Service Provider if applicable)	Phone Number (Service Provider)	Date (MM/DD/YYYY)
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