

**CD-PASS**

**Individual Budget Optional Expense Request Form**

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

**Member/Employer Name:** \_\_\_\_\_

**Member ID#:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

I have accumulated \$ \_\_\_\_\_ in my optional expense budget.

Please issue a payment in the amount of \$ \_\_\_\_\_ to pay for  
\_\_\_\_\_ expense.

**Guidelines**

- You must have accumulated enough money in your optional expense budget to cover this request. Depending on your request this may include employer taxes.
- Members can only be reimbursed for any out-of-pocket CD-PASS expense if a receipt is attached.
- All payments made to employees will be taxed as wages unless they are to pay for mileage or a reimbursement. This means the amount of the payment may be less than the amount requested due to employee taxes.
- For employees who use direct deposit, checks will be directly deposited if the Optional Expense Request Form is faxed according to the payroll schedule.
- If the Optional Expense Request Form is not faxed according to the payroll schedule, a check will be mailed to the employee.

Payment should be mailed to:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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Member/Employer Signature and Date