

Autism Spectrum Disorder Individualized Funding (ASD IF) Expense Tracking Sheet



You may be asked to provide documentation, including receipts, to verify the services purchased. Please use this log sheet to assist you in tracking your expenditures.

Child's Name: (first, middle, last)

Child's Date of Birth: (YYYY-MMM-DD)

Date ASD IF received:

Parent/Guardian Name: (first, middle, last)

DATE <i>(year-month-day)</i>	ELIGIBLE SERVICE <i>(expenditure)</i>	EXPENSE
TOTAL		