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| **Texas Workforce Solutions logo** | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Maintenance Expense Log** | | | |
| **Customer Name:** | | | | | | |
| **Case ID:** | | | | **Month:** | | |
| **Summary** | | | | | | |
| Amount of Maintenance Issued | |  | | | | |
| Total Expenses Logged | |  | | | | |
| Remaining Balance | |  | | | | |
| **Expense Log** | | | | | | |
| **Date** | **Expense** | | | | | **Amount** |
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| **Total** | | | | | |  |
| **Customer Agreement and Signature** | | | | | | |
| I, \_\_     \_, understand that maintenance funds have been approved to support my participation in vocational rehabilitation assessments and or services.   These funds may not be used to pay for any "normal living expenses" (see VRSM C-1401-1). By signing this form,   I verify that the content of this log is correct and that I used these funds only for their intended purpose. I will return unused funds to TWC-VR. | | | | | | |
| Customer Signature:  **X** | | | | | Date: | |
| **VRC Agreement and Signature** | | | | | | |
| I, \_\_\_\_\_\_     \_\_\_\_\_\_\_, verify that I have reviewed the content of this log. | | | | | | |
| VRC Signature:  **X** | | | | | Date: | |