

## 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
	Cus	stomer Agreem	ent and Signature	
I, the VR customer, 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 <a href="VRSM C-1401-1">VRSM C-1401-1</a> ). 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: Date			Date:	
		VRC Agreemen	t and Signature	
I, the VR counselor, verify that I have reviewed the content of this log.				
VRC Signature:			Date:	