

## Adaptive Case Management

### REQUEST FOR EXPENSE COVERAGE APPROVAL

Date of Request:	
Request Submitted  by:	
Client HMIS #:	
Expense Amount:	
Expense Description:	
Comments:	

**The box below is for CHF Designate to complete**

CHF Decision re: Approval	Approved ____ Not Approved ____
Comments:	

*Process: All expenses requiring pre-approval must be submitted by e-mail to [accountspayable@calgaryhomeless.com](mailto:accountspayable@calgaryhomeless.com) title Additional Cost Request prior to sending the monthly invoice for reimbursement. Only those expenses that have been approved via an e-mail reply from CHF to a request as per the above can be included in the monthly reimbursement invoice.*