

**PURCHASE OF GAP-FILLING SERVICE FORM**

Client Name: \_\_\_\_\_

Service/good received: \_\_\_\_\_  
\_\_\_\_\_

Delivery Date(s) of the service/good: \_\_\_\_\_

Client benefits expected as a result of the service or equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization providing service/good (explanation required if this is the same organization which employs the case manager authorizing the service):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other organizations/funding sources explored:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL COST OF PURCHASE:           \$ \_\_\_\_\_           PURCHASE ORDER No.: \_\_\_\_\_

TOTAL AMOUNT REQUESTED:       \$ \_\_\_\_\_

CLIENT COST SHARING AMOUNT:   \$ \_\_\_\_\_

Required Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date