

Please use this log sheet to track and report all expenditures incurred with your ASD-IF benefit. You will be required to submit this expense sheet at the time of your next ASD-IF renewal.

You may also be asked to provide documentation, including receipts, to verify services purchased upon request.

Child first name:

Middle:

Last name:

ASD-IF number:

Birth date:

ASD-IF Anniversary month:

Benefit amount:

**Parent/Guardian
first name:**

Middle:

Last name:

To review the eligible services list, please click on this link: <https://www.saskatchewan.ca/autism-services>

DATE (yyyy/mm/dd)

ELIGIBLE SERVICE (expenditure)*

EXPENSE (amount)

Balance remaining:

Total:

** please use additional sheets as required.*

I hereby certify the expenditures claimed are true/accurate and in accordance with the ASD-IF Eligible Service List: