

**MISSISSIPPI HOME CORPORATION
CHOICE PROGRAM
RECEIPT FORM**

CLIENT NAME	
CLIENT ID	
ADDRESS OF APPROVED HOUSING	
EXPLANATION OF ITEMS PURCHASED	

SUMMARIZE RECEIPTS BELOW AND ATTACH TO FORM:

Receipt Date	Vendor Name	Amount

CERTIFICATIONS:

I Hereby Certify That the goods purchased were delivered to the client named, who is an approved Choice program client, in accordance with the program guidelines.

I Hereby Certify That reimbursement was received from Mississippi Home Corporation and reimbursement was not received from any other funding sources.

By signing, I certify to the best of my knowledge and belief, that the goods purchased were for the purposes and objectives set forth in the Choice program. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Signature and Date

Printed Name and Title