



Idaho Board of Alcohol/Drug Counselor Certification, INC.

### REIMBURSEMENT FORM

All expenses must have receipts in order for them to be paid except for mileage. Fax this form with all supporting documentation to 208.895-7872.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF TRAVEL: \_\_\_\_\_

PURCHASE: \_\_\_\_\_

DESTINATION:

FROM \_\_\_\_\_ TO \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

#### EXPENSES

#### AMOUNT

Mileage (53.5 cents) = \$ \_\_\_\_\_

= \$ \_\_\_\_\_

= \$ \_\_\_\_\_

= \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT**

= \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_