

Approved _____

Date _____

REQUEST FOR REIMBURSEMENT / PAYMENT

Community Incentive Program / Re-Entry Program / Mental Health Program
(CIP) (REP) (MHP)

(ALL FUND REQUESTS MUST BE PRESENTED ON THIS FORM)

County: _____

Grant/Project No: _____

Funds are currently requested in the amount of \$ _____ for the period of
_____, 20 _____, for _____ juvenile.
(IJOS/County ID Number and Last Name)

I hereby certify that this amount is documented by the attached expenditure copies and all services were delivered as approved.

Signed:

FINANCIAL OFFICER (If reimbursement to County)

PROJECT DIRECTOR

Date of Request: _____

SUMMARY OF ATTACHED COPIES (must equal amount of request):

DATE PAID	PAYEE(S) (list name of provider/county to whom payment will be made)	\$ AMOUNT TO BE PAID

FOR OFFICE USE ONLY
Draw Number:
Grant Coding:
Fiscal Reviewer:

Mail to
Dept. of Juvenile Corrections
Grants Section
954 West Jefferson
PO Box 83720
Boise, ID 83720-0285

or E-mail – dawn.wilson@idjc.idaho.gov
or Fax – 1.208.334.5120