IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

JUVENILE JUSTICE SUBSTANCE USE DISORDER

Request for Reimbursement Coversheet

Date Submitted:_____

District:_____

County or Tribe: _____

Time Frame of Expenditures: _____

Project Manager/Coordinator Services	Rate	Hours Worked	Total
Name:			
Cell			
Mileage			
Per Diem			
Travel			
Other:			
Instructions: Attach supporting documentation.			

Client Specific Services			Total
Drug Testing			
Transportation			
Other:			
Instructions: Attach supporting invoices. All invoices with client specific services should include WITS ID# / IJOS#, client name, DOB, name and date of services provided, and billed amount.			

Grand Total:

Authorizing Signatures	
County or Tribal SUDS Representative:	Date:
Vendor Representative:	Date:
Instructions: Sign in appropriate area. Each county or tribe is responsible for reviewing and approving all claims paid outside of WITS.	

IDJC Office Use Only

SUB Grant:

SUB Object:

PCA:

Approving Signature:

Submit

To: Email: JJSUDS@idjc.idaho.gov

Fax: (208) 334-5120

Mail: Substance Use Disorder
Idaho Department of Juvenile Corrections
P.O. Box 83720
Boise, ID 83720-0285