

REQUEST FOR REIMBURSEMENT / PAYMENT

Detention Clinician Project

(ALL FUND REQUESTS MUST BE PRESENTED ON THIS FORM)

PAYEE (County/Contractor): _____

PROJECT NO: _____

Funds are hereby requested in the amount of \$ _____ for the period of _____, 20 _____, for _____ Clinician.

I hereby certify that this amount is documented by the attached expenditure copies (timesheet, payroll sheet, provider invoice, etc.) and all services were delivered as approved.

Signed: _____

Date of Request: _____

Project Director

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

DATE PAID	PAYEE(S) (Combine payees if more than one in a category)	\$ AMOUNT PAID	CATEGORY

FOR OFFICE USE ONLY

DATE _____		VENDOR # _____				
DOC # _____						
SFX	TRAN CODE	SUB OBJ	\$ AMOUNT	PCA or INDEX	Grant #	Project #

MAIL TO:

Dept. of Juvenile Corrections
 Juvenile Justice Commission
 PO Box 83720
 Boise, ID 83720 – 0285

ATTN: Katherine Brain

OR FAX 208-334-5120