



IDAHO DEPARTMENT OF JUVENILE CORRECTIONS
REQUEST FOR REIMBURSEMENT / PAYMENT
Detention Clinician Program
(All fund requests must be presented on this form)

Payee (Contractor): _____
Juvenile Detention Center's Name

Funds are hereby requested in the amount of \$ _____ for the period of:
Amount
_____ for the Clinician Detention Project.
Dates Requested

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

Signed: _____ Date of Request: _____
Detention Manager/Administrator

Summary of Attached Copies (must equal amount of request):

Date Paid	Payee(s)	Amount Paid	Category

Email all Requests for Reimbursements to:

Mike Davidson, Program Specialist
mike.davidson@idjc.idaho.gov

And:

Behavioral Health Unit
JJCBAS@idjc.idaho.gov