

**ATTACH ALL
ORIGINAL
RECIPTS!**

IDAHO DIABETES YOUTH PROGRAMS

DEBIT RECONCILIATION VOUCHER

**SEND completed voucher to:
Matt Brown -- IDYP
16047 Westfield Lane
Caldwell, ID 83607**

Name:	Street address:	Phone:	Date:
	City, State, Zip:		

Please fill out completely to assist us with accurate record keeping and to ensure an accurate reimbursement for you. Please attach ALL receipts for expenses claimed.
Please use a ST-101 State Sales Tax Exemption form for ALL IDYP purchases (available for download at www.hodia.com).
 Mail this voucher to IDYP at the address listed below.

Date of expense	Vendor	Purpose of Expense (i.e. carnival supplies, medical equipment, food)	Designated program (if applicable)	Total expense
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Horse Ride <input type="checkbox"/> Other _____	
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TOTAL EXPENSES TO BE RECONCILED:				\$

Notes: **SS** = Hodia Shooting Stars / **KC** = Hodia Kid's Camp / **TC** = Hodia Teen Camp / **SC** = Hodia Ski Camp / **WC** = Wilderness Camp

Send this completed voucher to: Matthew Brown, Idaho Diabetes Youth Programs, 16047 Westfield Lane, Caldwell, ID 83607