

**ATTACH ALL
ORIGINAL
RECIPTS!**

IDAHO DIABETES YOUTH PROGRAMS

EXPENSE VOUCHER -- IDYP Tax ID# 311-56-5651

**SCAN and EMAIL this
document and all receipts to:**
matt@hodia.org
(Mailing address below if needed)

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

These expenses were approved in advance by:

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. Payments are made within 5 business days of receipt of a correctly completed voucher.

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"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
			<input type="checkbox"/> SS <input type="checkbox"/> KC <input type="checkbox"/> TC <input type="checkbox"/> SC <input type="checkbox"/> WC <input type="checkbox"/> Other:	\$
TOTAL TO BE REIMBURSED:				\$

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

Please SCAN and EMAIL this document and all receipts (pdf preferred) to matt@hodia.org. If you are unable to scan and send, you may alternatively send this completed voucher to: Matthew Brown, Idaho Diabetes Youth Programs, 16047 Westfield Lane, Caldwell, ID 83607