

ATTACH ALL ORIGINAL RECEIPTS!

IDAHO DIABETES YOUTH PROGRAMS

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

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

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