

**ATTACH ALL ORIGINAL RECEIPTS!**

# IDAHO DIABETES YOUTH PROGRAMS

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

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

<b>Name:</b>	<b>Street address:</b>	<b>Phone:</b>	<b>Date:</b>
	<b>City, State, Zip:</b>		
	<b>Email:</b>		

**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](http://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:	\$
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			<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:	\$
<b>TOTAL TO BE REIMBURSED:</b>				<b>\$</b>

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](mailto: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**

**SALES TAX RESALE OR EXEMPTION CERTIFICATE**

Seller's Name			Buyer's Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

**1. Buying for Resale.** I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business \_\_\_\_\_ Describe the products you sell, lease, or rent \_\_\_\_\_

b. Check the block that applies:  Idaho registered retailer. Seller's permit number \_\_\_\_\_ (required - see instructions)  
 Wholesale only, no retail sales  
 Out-of-state retailer, no Idaho business presence

**2. Producer Exemptions** (see instructions). I will put the goods purchased to an exempt use in the business indicated below.  
 Check the block that applies and complete the required information.

Logging Exemption  
 Broadcasting Exemption  
 Publishing Free Newspapers  
 Production Exemption (check one):  Farming  Ranching  Manufacturing  Processing  Fabricating  Mining  
 List the products you produce: \_\_\_\_\_

**3. Exempt Buyer.** All purchases are exempt, and no permit number is required. Check the block that applies.

<input type="checkbox"/> American Indian Tribe	<input type="checkbox"/> Emergency Medical Service Agency	<input type="checkbox"/> Nonprofit Children's Free Dental Service Clinic	<input type="checkbox"/> Senior Citizen Center
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Federal/Idaho Government Entity	<input type="checkbox"/> Nonprofit Hospital	<input type="checkbox"/> State/Federal Credit Union
<input type="checkbox"/> Amtrak	<input type="checkbox"/> Forest Protective Association	<input type="checkbox"/> Nonprofit Museum	<input type="checkbox"/> Survivors of Domestic Violence and Sexual Assault, Inc.
<input type="checkbox"/> Blind Services Foundation, Inc.	<input type="checkbox"/> Idaho Foodbank Warehouse, Inc.	<input type="checkbox"/> Nonprofit School	<input type="checkbox"/> Volunteer Fire Department
<input type="checkbox"/> Center for Independent Living	<input type="checkbox"/> Nonprofit Canal Company	<input type="checkbox"/> Qualifying Health Organization (see instructions for list)	

**4. Contractor Exemptions** (see instructions).

a. Invoice, purchase order, or job number to which this claim applies \_\_\_\_\_

b. City and state where job is located \_\_\_\_\_

c. Project owner name \_\_\_\_\_

d. This exempt project is: (check appropriate box)

In a nontaxing state. (To qualify, materials must become part of the real property.)  
 An agricultural irrigation project.  
 For production equipment owned by a producer who qualifies for the production exemption.

**5. Other Exempt Goods and Buyers** (see instructions).

<input type="checkbox"/> Aircraft used to transport passengers or freight for hire	<input type="checkbox"/> Livestock sold at a public livestock market
<input type="checkbox"/> Aircraft purchased by nonresident for out-of-state use	<input type="checkbox"/> Medical items that qualify
<input type="checkbox"/> American Indian buyer holding Tribal I.D. No. _____. This form doesn't apply to vehicles or boats. See instructions.	<input type="checkbox"/> Pollution control items
<input type="checkbox"/> Church buying goods for food bank or to sell meals to members	<input type="checkbox"/> Research and development goods
<input type="checkbox"/> Food bank or soup kitchen buying food or food service goods	<input type="checkbox"/> Snow making or grooming equipment, or aerial tramway component
<input type="checkbox"/> Glider kits for IRP-registered vehicles	<input type="checkbox"/> Other goods or entity exempt by law under the following statute (required: _____)
<input type="checkbox"/> Heating fuel	

**Buyer: Read and sign.** I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Buyer's Name (please print)	Buyer's Signature	Title
Buyer's Federal EIN and Driver's License No. and State of Issue		Date

**Seller:** Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to any customers and on any goods that don't qualify for a claimed exemption and are taxable by law.

- This form may be reproduced.
- This form is valid only if all information is complete.
- The seller must keep this form.