



# OREGON-IDAHO HIDTA TRAINING

## Reimbursement Request

Date:

Oregon-Idaho HIDTA Training Initiative  
4190 Aumsville Hwy SE  
Salem, OR 97317

Subject: **REIMBURSEMENT REQUEST FOR TRAINING EXPENSES**

Attached are copies of the expenses and receipts for the following training:

<i>Course Title</i>	
<i>Course Date(s)</i>	
<i>Location</i>	

Itemized reimbursement request:

<i>Registration</i>	
<i>Airfare</i>	
<i>Car Rental</i>	
<i>Parking/Shuttle</i>	
<i>Lodging (per diem rate)</i>	
<i>Meals(per diem rate)</i>	
<i>Other (specify)</i>	
<i>Other (specify)</i>	
<b>TOTAL REIMBURSEMENT REQUEST:</b>	

Send reimbursement to:

For Oregon-Idaho HIDTA Training Initiative Office Use Only:

Reimbursement Approved By \_\_\_\_\_