

FIDM Program Reimbursement Request Form

eff. 01/2013

State of Utah - Department of Human Services - Office of Recovery Services

Financial Institution reimbursement request submission date: _____

NOTE: Reimbursement requests must be submitted within 30 days of the end of the quarter and must be accompanied by an invoice detailing match actual costs.

Reimbursement requests received after this period will not be honored.

Quarter in which cost was incurred: (check one)

1st Quarter: _____ 2nd Quarter: _____ 3rd Quarter: _____ 4th Quarter: _____
(Jan, Feb, Mar) (Apr, May, June) (July, Aug, Sept) (Oct, Nov, Dec)

Institution Name **TIN/EIN**

Address **Telephone**

Institution Contact Name **Telephone**

Service Agent Name **TIN/EIN**

Address **Telephone**

Service Agent Contact Name **Telephone**

Attached Invoice Showing Cost of Match at:

\$ _____

NOTE: ORS WILL ONLY REIMBURSE ACTUAL COSTS UP TO \$150.00 PER QUARTER

Return this completed form with invoice to: Office of Recovery Services Fax: 801-536-8636

Email: orsfidm@utah.gov

Questions? Phone: 801-536-8901

ORS authorized reimbursement (attachment)