

Lead Based Paint Reimbursement Form

In order to receive reimbursement you must supply copies of the following documents:

- 1) Provide verification of successful course/training completion;
- 2) Provide a receipt for training payment **AND**;
- 3) Provide a copy of the Lead Professional Training Certification letter from the IA Department of Public Health.

Please Read Carefully

Reimbursement will only be paid to one individual or contractor for the total amount.

Name	Email Address
Address	Phone Number
City	State
Zip	

Individual's SS#: _____
 Contractor FED ID#: _____

What training course(s) are you asking reimbursement for?

_____ Certified Sampling Technician Assessors	_____ Certified Lead Inspector/Risk Assessor
_____ Certified Lead Abatement Contractor	_____ Refresher Courses
_____ Certified Lead-Safe Renovator	_____ Other: _____

Trainer's Name: _____ Location of Training (City, State): _____

Travel Information: (*Travel not reimbursed when residence and training are located in same metro area*)

Departed from: _____	Traveled to: _____
Date, City, State, Departure Time	Date, City, State, Arrival Time
Departed from: _____	Returned to: _____
Date, City, State, Departure Time	Date, City, State, Arrival Time

Meals and Hotel Reimbursement: (need original receipts for all expenses)

Day:	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Date:	_____	_____	_____	_____	_____	_____	_____
Mileage	_____	_____	_____	_____	_____	_____	_____
Breakfast	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Course Training/Registration Fee: \$ _____ Certificate Fee: \$ _____ 3rd Party Exam Fee: \$ _____

Effective July 1, 2009
State of Iowa Reimbursement Rates Are:

Meals:
 Breakfast - \$ 5.00 (must depart before 6:00 AM)
 Lunch - \$ 8.00 (must depart before 11:30 AM)
 Dinner - \$15.00 (must return/arrive destination after 7:00 PM)
Hotel: \$50.00 (plus applicable taxes, receipt needs to show a **ZERO** balance upon check out)
Need original receipts. Meal receipts need to show your menu items purchased.

I CERTIFY THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THE CHARGES ARE REASONABLE, PROPER, CORRECT AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.

Signed: _____ Date: _____
 I certify I successfully completed the course/training and am presenting the certificate(s) and receipt, & attest I will make my services available for the Iowa Disaster Recovery

Send Completed form to: Anita Lemons; IDED 200 E. Grand Ave., Des Moines, 50309
 IA 50309; Office Phone (515) 725-3022

Web Site for IDED Lead Info:
www.iowalifechanging.com/jumpstart/lead.aspx
Web Site for IDPH Lead Info:
www.idph.state.ia.us/eh/certified_lead_prof.asp
 Phone: (515) 281-3479

This reimbursement is provided by HUD and State of Iowa Programs. State and Federal rule guidelines are subject to change without notice.