

CERT Reimbursement Request

Class Location	Dates
Submitted by (Print)	
Instructor costs (max. 24 hrs. total) Attach name of instructors, titles, hours, and modul	\$19 xhours = \$
Exercise expenses (\$300 maximum) Attach all receipts as well as a description of what	\$was purchased
Total to be reimbursed	\$
Attach the names of individuals who need to receive their address.	e checks, the amount they need to be paid along with
Comments:	
I certify that the above information is accurate & co	orrect.
Signature of Authorized Representative	Date
Submit reimbursement requests to Larry Regorrah a	nt <u>lregorrah@nd.gov</u> . Requests can also be mailed to:
NDDES Attn: Larry Regorrah P.O. 5511, Bldg. 35 Bismarck, ND 58504	
Please be sure to include all of the following items: CERT reimbursement request form Names of individuals needing to be paid, ar All receipts and description of expenses Roster of class participants & course compl Copies of course evaluation results, if appli	mounts & addresses Reviewed by: