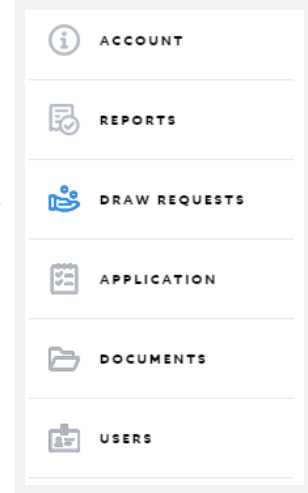




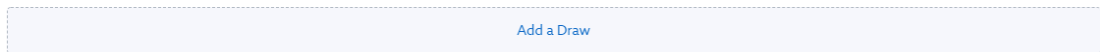
How to Complete a Reimbursement Request

To submit a request for reimbursement, log into your [Grantee Portal](#) and follow these steps:

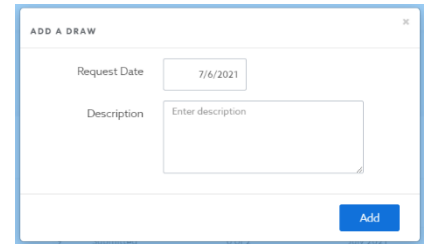
1. Select the **DRAW REQUESTS** tab on the left-hand navigation menu



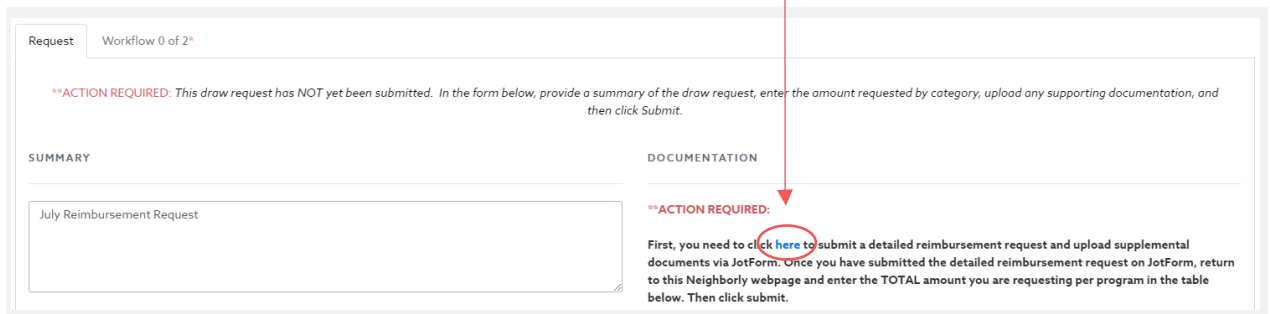
2. Click **Add a Draw**



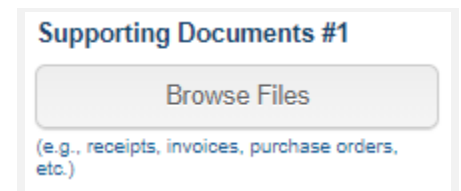
- 2.1. A white box will pop up on the screen. Enter the request date and a brief description. The description can be as simple as *July Reimbursement Request*, *[Organization Name] Reimbursement Request*, *[Date] Reimbursement Request*, etc.



3. Click on the [hyperlink](#) to submit a detailed reimbursement request and upload supplemental documents via JotForm.



- 3.1. Up to five expenses can be entered within the JotForm.
- 3.2. Supporting Documents (e.g., receipts, invoices, purchase orders, etc.) will be uploaded via JotForm at the bottom of the expense page by clicking *Browse Files*.



- The final page of the JotForm will list the total amount requested by program. These will also be listed in the notification email you receive when you submit the JotForm reimbursement request. **You will need to enter the amount(s) requested per program(s) into the draw request in your Grantee Portal.**

Program	Amount Requested
Active Parenting	150
Class Action	300
Project Towards No Drug Abuse	690

Total Requested Amount	Total Administration Fee	Total Reimbursement Amount
<input type="text" value="950"/>	<input type="text" value="190"/>	<input type="text" value="1140"/>

By sending in this form, you certify that the amount detailed represents expenditures of funds for the period covered and for the total project, all made in accordance with the approved budget for the above-named project.

Signature

[Clear](#)

- Once you submit the JotForm, return to the Draw Requests page in your Grantee Portal. **Enter the *Amount Requested* by Program into the Draw Request. Click *Submit*.**

PROGRAM CATEGORY(ies)	ORIGINAL AMOUNT	- OTHER DISBURSEMENTS	= AVAILABLE BALANCE	AMOUNT REQUESTED
Active Parenting SABG 2021/22	\$ 500.00	\$ 0.00	\$ 500.00	\$ 150.00
Class Action SABG 2021/22	\$ 750.00	\$ 0.00	\$ 750.00	\$ 300.00
Project Towards No Drug Abuse SABG 2021/22	\$ 1,000.00	\$ 0.00	\$ 1,000.00	\$ 690.00
Totals	\$ 2,250.00	\$ 0.00	\$ 2,250.00	\$ 1,140.00

Last updated by jessie.dexter@odp.idaho.gov on 7/7/2021 5:28:23 PM