**BWC Substance Use Recovery and Workplace Safety Program**

*Request for Reimbursement*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company name | |  | | | |
| Point of contact | | |  | | |
| Address |  | | | | |
| Phone number | | |  | | |
| Email Address | |  | | | |
| BWC policy number | | | |  | |
|  | | | |  | |
| **Requested reimbursement amount** | | | | |  |

**Reimbursement for manager/supervisor training**

|  |  |  |
| --- | --- | --- |
| Training vendor |  | |
| Trainer name & credential | |  |
| Total cost of training |  | |

|  |  |
| --- | --- |
| Training participant name | Job title |
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**Reimbursement for drug testing**

|  |  |  |
| --- | --- | --- |
| Provider |  | |
| Total cost of drug testing | |  |

|  |  |  |
| --- | --- | --- |
| Individual tested (Name or unique identifier) | Type (Pre-employment, Random, Reasonable suspicion) | Result (Pass/Fail) |
|  |  |  |
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**IMPORTANT: The following attachments must accompany this request (required).**

* W-9 Form
* Curriculum overview
* Invoice

Email completed form to participating ADAMH Board in your county, as follows.

* Montgomery: [amack@mcadamhs.org](mailto:amack@mcadamhs.org)
* Ross (Paint Valley): [contactus@pvadamh.org](mailto:contactus@pvadamh.org)
* Scioto: [alsbd@adamhsals.org](mailto:alsbd@adamhsals.org)