



Substance Use Recovery and Workplace Safety Program Request for Reimbursement

Company name and DBA			BWC policy number	
Program contact name				
Address				
City		State	ZIP code	County
Email address			Phone number	

Requested reimbursement amount

Reimbursement for employer policy development in conjunction with legal review

Vendor name	Total cost
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Important - The following attachments must accompany this request:

- Old and new policies.
- Proof of payment.

Reimbursement for employer policy development only

Vendor name	Total cost
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Important - The following attachments must accompany this request:

- Old and new policies.
- Proof of payment.

Reimbursement for legal review only

Vendor name	Total cost
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Important - The following attachment must accompany this request:

- Proof of payment.

Reimbursement for employee training

Vendor name	Date	Total cost
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Important - The following attachments must accompany this request:

- Training curriculum.
- Proof of attendance.
- Proof of payment.

Reimbursement for supervisor training

Vendor name	Date	Total cost
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Important - The following attachment must accompany this request:

- Training curriculum.
- Proof of attendance.
- Proof of payment.

Reimbursement for drug testing

Vendor name	Total cost
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Important - The following attachments must accompany this request:

- Signed statement of recovery (first time only).
- Chain of custody form or similar documentation identifying the individual(s) tested.
- Proof of payment.