



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 manager/supervisor training, Training vendor, Trainer name and credential, Total cost of training

Table with 2 columns: Training participant name, Job title

Reimbursement for drug testing, Provider, Total cost of drug testing

Table with 3 columns: Individual tested (Name or unique identifier), Type (Pre-employment, random, reasonable suspicion), Result (Pass/Fail)

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.

- Montgomery: amack@mcadamhs.org, Ross (Paint Valley): contactus@pvadamh.org, Scioto: alsbd@adamhsals.org