



## CERT Reimbursement Request

Class Location \_\_\_\_\_ Dates \_\_\_\_\_

Submitted by (Print) \_\_\_\_\_

Instructor costs (max. 24 hrs total) \$ 19 x \_\_\_\_ hours = \$ \_\_\_\_\_  
*Attach name of instructors, titles, hours and modules taught*

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 checks, the amount they need to be paid along with their address.

Comments:

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I certify that the above information is accurate & correct.

\_\_\_\_\_  
Signature of Authorized Representative Date

Submit reimbursement requests to Larry Regorrah at [lregorrah@nd.gov](mailto:lregorrah@nd.gov). 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, amounts & addresses
- All receipts and description of expenses
- Roster of class participants & course completion dates
- Copies of course evaluation results, if applicable

<b>For Office Use Only</b>
Reviewed by:
Date: