

ORS
FIDM Reimbursement Request
eff. 04/2010

State of Utah
Department of Human Services
Office of Recovery Services
ORS FIDM Reimbursement Request Form (for Contracted Financial Institutions)

Reimbursement request date: _____

NOTE: Reimbursement requests must be submitted within 30 days of the end of the quarter. Reimbursement requests received after this period will not be honored.

Quarter in which cost was incurred: (check one)

1st Quarter: _____ 2nd Quarter: _____ 3rd Quarter: _____ 4th Quarter: _____
(Jan, Feb, Mar) (Apr, May, June) (July, Aug, Sept) (Oct, Nov, Dec)

Institution Name **TIN/EIN**

Address **Telephone**

Institution Contact Name **Telephone**

Service Agent Name **TIN/EIN**

Address **Telephone**

Service Agent Contact Name **Telephone**

ORS authorized reimbursement amount
\$ _____

Attached Invoice Cost of Match:
\$ _____

NOTE: ORS WILL REIMBURSE ACTUAL COSTS UP TO \$150 PER QUARTER

ORS Approval by _____ Date _____