

REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

Event Title: Utah Chapter ICC Annual Business Meeting

Event Dates: Feb. 22-25, 2022

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

We provided the training program as outlined in our original application.
 We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures.
 We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses.

Organization Name: Utah Chapter ICC

Federal ID #: 87-0040-05382

Location of Training: Courtyard Marriot

City: St. George

State: Utah

Zip: 84790

Contact Person: Kathy Saupe'

Email: kathy.saupe@westjordan.utah.gov

Phone: 385-226-0520

Fax:

Original Grant Approval Amount: \$34,912.00

EDUCATIONAL EXPENDITURES

Total Instructor Fees and Travel/Meals (Total a and b below): \$ 9,351.00

a. Instructor Fees	\$ 9,000
b. Instructor Travel (total i-iv):	\$ 351.00
airfare	\$
mileage	\$ 351.00
meals	\$
other (please specify):	\$

1. Textbooks, Workbooks, Code Update Books: \$ 6,606.08

Titles: 2020 NEC Changes Textbook

2. Facility Costs: \$ 8,400

3. Webinar Expenses: \$

4. Audio Visual Equipment: \$ 2,500

5. Printing: \$ 2,926.67

6. Postage and Handling: \$

7. Other (please specify): Ink, name badges & binders \$ 6,174.19

Total of Educational Expenditures (Total Line 1-7): \$ 35,957.94

ACTUAL COST PER STUDENT

Number of actual licensed students in attendance:	see next page
Approximate Ratio: Inspectors <u>100</u> % Construction-Trades <u> </u> %	
1. Training Duration in hours:	see next page
2. Total hours of training (line 1 X line 2)	see next page
Maximum Reimbursable Amount (Line 3 X \$10):	<u>\$ 35,600</u>

REIMBURSEMENT

Total Reimbursement Requested:	<u>\$ 35,600</u>
*Lower of Total Educational Expenditures (pg. 1) or Maximum Reimbursable Amount (pg. 2)	

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

Name of Authorized Representative (Print) Kathy Saupe' Title: Education Coordinator

Signature: Kathy Saupe' Date: 10-13-22

Utah Chapter ICC
Utah Chapter ICC Treasurer
PO Box 317
Duchesne UT 84021

OFFICIAL USE ONLY:

Purpose: Funding Request Org: 2181 Amount: \$ 35,600.00

Bureau Manager: _____ Date: _____

Division Director: _____ Date: _____