** State DHL Annual Expense Allowance Request Form**

**September 30- September 29**

**Complete and send to** [**bev.isman@comcast.net**](mailto:bev.isman@comcast.net) **PLEASE DO NOT CONVERT THIS DOCUMENT TO A PDF FILE**

Name:

Address:       City:

State:       Zip:

Email:       Phone:

I have completed at least three (3) of the following six (6) categories of activities (check which ones) documented in my quarterly reports and request the $590 expense allowance to use for expenses related to my role as a state DHL.

Administration

Access to care

Assessment

Communication

Education

Prevention

Comments:

Date of request:

Signature (just type in your name):

DHL for (list state or territory):

*For ASTDD Use*

Bev Isman approval:       Date:

Chris Wood approval:       Date: