** State DHL Annual Expense Allowance Request Form**

 **September 30- September 29**

**Complete and send to** **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: