IDAHO INTERNET CRIMES AGAINST CHILDREN TASK FORCE GRANT

REQUEST FOR EQUIPMENT REIMBURSEMENT

(Please print on tan paper.)

REQUESTING AGENCY INFORMATION

ICAC Representative Name _____ Agency _____

Agency Address _____ City _____ Zip Code _____ Phone Number _____

ITEMS PURCHASED (Please attach original receipt or copy of original receipt for reimbursement.)

Description	Purchase Date	Serial Number	Amount
		TOTAL EXPENSES:	$ 0.00

Additional notes or comments:

ICAC Fund to be Charged: ☐ (10129) ICAC Unit

ICAC Project Director Approval _____ Date _____

Attorney General's Office, Criminal Division Chief _____ Date _____