

# REQUEST FOR REIMBURSEMENT

State of Vermont  
Lead Testing of Drinking Water  
2019-2020

**SEND TO:**

Vermont Department of Health  
Attn: Business Office  
PO Box 70  
Burlington, VT 05402  
Or by email: [AHS.VDHAccountsPayable@vermont.gov](mailto:AHS.VDHAccountsPayable@vermont.gov)

**Date:** \_\_\_\_\_

**FROM:**

**School/Child Care Name:**

Include a copy of all receipts and itemized invoices.

**Mailing Address:**

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Note the maximum reimbursement amounts per fixture:

- Public drinking fountains and ice machines: \$1,800
- Fixtures used for cooking: \$650
- All other fixtures in schools: \$350
- All other fixtures in child cares: \$400

**Email:**

**Phone Number:**

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**Fixture type – Check ONE box**

Initial first draw lab ID # for tap*	Public drinking fountain or ice machine	Cooking fixture	Other fixture	If this tap is in a school and used by a child care, check box	Actual cost (All parts and labor)
<b>TOTAL</b>					

You may print multiple pages if needed.

\*The initial first draw lab ID # can be found by looking up your results at [leadresults.vermont.gov](http://leadresults.vermont.gov) and clicking on the Tap Summary Cards tab.