# Iowa Educational Course for Drinking Drivers Quarterly Administrative Fee Remittance Form

## Reporting Information

Reporting Period: (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Classes Offered** | **Report and Fee Due by** | **FY Calendar Dates** |
| January - March | April 30 | Quarter 4 |
| April - June | July 31 | Quarter 3 |
| July - September | October 31 | Quarter 1 |
| October - December | January 31 | Quarter 2 |

## Provider Information

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Drinking Driver Educational Course Completers – Summary

|  |  |  |
| --- | --- | --- |
| **Total # of Persons paying to attend the course during the quarter less any individuals deemed to be indigent and therefore were not charged to take the course** | **Administrative Fee** | **Fees Submitted** |
|  | X $15 | $ |

**Submit this form with remittance to:**

Iowa Department of Education

Division of Community Colleges and Workforce Preparation

OWI Program

Grimes State Office Building

400 E 14th St

Des Moines, Iowa 50319-0146

Questions? Contact Peggy Long at [peggy.long@iowa.gov](mailto:peggy.long@iowa.gov) or 515-242-5036