

Iowa
Educational Course for Drinking Drivers
Quarterly Administrative Fee Remittance Form

Reporting Information

Reporting Period: _____ to _____
Month/Day/Year Month/Day/Year

Quarterly fees are due no later than 30 days from the end of the quarter.

Provider Information

Agency _____

Mailing Address _____ City _____ Zip _____

Contact Person _____ Contact Telephone # _____ E-mail Address _____

Drinking Driver Educational Course Completers – Summary *

** please provide information regarding each class on the reverse side of this form or on a separate sheet*

_____	-	_____	X	\$10	=	\$	_____
Total # of persons completing the course during the quarter		# of indigent during the quarter		administrative fee			Fees submitted

Please submit this form with remittance to:

Iowa Department of Education
Division of Community Colleges
Drinking Driver Education Program
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319-0146

Questions should be directed to: Janine @ 515.281.5251

