

Use this form to request reimbursement for Diamond Club travel on the first day of each month. **Allow up to six weeks to process this form.** Online submissions at www.doterra.com/diamondclub/reimbursement_form.html are preferred. You will be reimbursed much faster if you submit online!

STEP 1 Participant Information

First Name _____ Last Name _____ Email _____ IPC # _____

STEP 2 Send Check To

Hold check at dōTERRA office for pickup?

Last Name _____ Address _____

First Name _____ City, State, Zip _____

STEP 3 Trip Information

- Flights will be reimbursed up to \$250.00.
- Mileage trips will be reimbursed up to \$200.00.
- Mileage is reimbursed at \$0.18 per mile.
- Must travel at least 75 miles to be reimbursed.
- Please submit one reimbursement request a month. Only after all travel for that month is complete
- A maximum of 6 trips can be reimbursed monthly.

Trip Reimbursement

| Trip # | Trip Type <input type="checkbox"/> Driving <input type="checkbox"/> Flight | Trip Date dd/mm | Trip Location | | Driving Mileage (m x \$0.18) | Rental Car Cost | Flight Cost | Total Trip Cost | Reimbursed Amount |
|----------------------------|--|--------------------|---------------|-------|---------------------------------|-----------------|-------------|-----------------|-------------------|
| | | | City | State | | | | | |
| 1 | <input type="checkbox"/> Driving <input type="checkbox"/> Flight | / | | | mi | \$ | \$ | \$ | \$ |
| 2 | <input type="checkbox"/> Driving <input type="checkbox"/> Flight | / | | | mi | \$ | \$ | \$ | \$ |
| 3 | <input type="checkbox"/> Driving <input type="checkbox"/> Flight | / | | | mi | \$ | \$ | \$ | \$ |
| 4 | <input type="checkbox"/> Driving <input type="checkbox"/> Flight | / | | | mi | \$ | \$ | \$ | \$ |
| 5 | <input type="checkbox"/> Driving <input type="checkbox"/> Flight | / | | | mi | \$ | \$ | \$ | \$ |
| 6 | <input type="checkbox"/> Driving <input type="checkbox"/> Flight | / | | | mi | \$ | \$ | \$ | \$ |
| Total Reimbursement | | | | | | | | | \$ |

Attach Receipts

To process your reimbursement form, you must submit a copy of your receipts. Tape receipts to a sheet of paper. Many receipts can be placed on one sheet.

Additional Information

STEP 4 Report My Events

| Event # | Event Type | Event Date | Event City | Event State |
|---------|------------|------------|------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

STEP 5 Submission

Any incomplete request or request without receipts will not be processed. While online form requests are processed very quickly, printed form requests require up to **six weeks to process.**

Please mail your form and receipts to:

dōTERRA Diamond Club Reimbursements
attn: Emily Hollingshead
370 West Center Street
Orem, UT 84057

**PLEASE ALLOW
SIX WEEKS
FOR PROCESSING**