NCVAN 2021-2023 Homicide Victim Services Reimbursement Form

AGENCY INFORMATION	RECIPIENT INFORMATION
Contact Name:	Recipient Name:
Agency:	Recipient Address: City: State: Zip:
Address: City: State: Zip:	Recipient Phone: Email Address:
Phone:	Homicide Victim's Name:
Signature Statement of Agency Representative I _____, by my signature am confirming that this recipient was not calledas a witness for the state. Date: _____	Trial Date/Length: _____ Number to days attended by recipient: _____

TRAVEL

Rental Car – *will be reimbursed at economy car rate, $50/day*

RENTAL CAR COMPANY: LENGTH OF RENTAL: **TOTAL COST OF CAR $**

Personal Car Usage (.55 cents per mile, no receipts needed)

MILES TRAVELED ROUND TRIP _____ @.55/mile **TOTAL MILEAGE TO BE REIMBURSED $**

Airfare - *One Trip per Trial Setting ($500 cap per person round trip)*

COST FOR ROUND-TRIP TICKET = $ **TOTAL AIRFARE: $**

Parking Fees at Hotel or Courthouse Parking/Tolls

TOTAL PARKING FEES $ **TOTAL TOLL FEES $**

HOTEL (Rate: $67.30/night plus tax per room)

Hotel Name:

No. of People:

Cost per Night: Taxes per Night: Total No. of Nights: **TOTAL LODGING $**

MEALS (Breakfast $8.00; Lunch $10.10; Dinner $17.30) ITEMIZED RECEIPTS REQUIRED
Alcohol is not an allowable expense | Gratuity is not reimbursable

Breakfast:
No. of People: No. of Days: **Total Breakfast Cost $**

Lunch:
No. of People: No. of Days: **Total Lunch Cost $**

Dinner:
No. of People: No. of Days: **Total Dinner Cost $**

Requests for reimbursement must be accompanied with original itemized receipts (labeled and dated) and mailed/faxed or with this form. Credit card receipts without itemized billing are not admissible. Keep a copy of receipts for your records. Grant ends September 30th.

Total of all Meals $

GRAND TOTAL REQUEST FOR REIMBURSEMENT $

I affirm that the above information is true and correct to the best of my knowledge and that I was not called as a witness for the state. I affirm that I am seeking reimbursement for myself and the parties listed on this form as approved.

_____

Signature of Recipient

Approved By (Project Director) Date

NORTH CAROLINA Victim Assistance Network

Return Completed Reimbursement Form(s) To:

North Carolina Victim Assistance Network
P.O. Box 32173 Raleigh, NC 27622
email: admin@nc-van.org
Phone: 919-831-2857 ext. 104 | FAX: 919-831-0824