

## CNCS Disaster Deployment Reimbursement Request



1. Program Name:		2. Point of Contact (Name, Email, Phone)			3. Type of Activity and Location Served:			
4. Final Invoice for MA? (Completed by DSU) <input type="checkbox"/> Yes <input type="checkbox"/> No		5. DSU Tracking Number (Completed by DSU)		6. Mission Assignment Number:	7. MA Start Date	8. MA End Date	9. Invoice Start Date	10. Invoice End Date

**Directions:** Please complete with actual allowable costs incurred. Include detail and rates were applicable. If entering more items than the provided lines in any section, use the Additional Breakdown sheet provided and transfer the total to the appropriate section. Please note that there are formulas built into the sheet to compute the total automatically.

<b>Travel</b>			<b>Total Travel</b>		\$ -	
<b>a. Transportation</b>			<b>Personnel</b>			
Type (airfare, train, rental car, etc.)	Cost		Type (Lost FFS for AmeriCorps members, Staff OT, etc.). Please include formula(s) for any personnel costs:	Cost		
Subtotal-Transportation		\$ -				
<b>b. Lodging (Include rate/# members/days)</b>			<b>Total Personnel</b>			\$ -
Type (hotel, volunteer housing, etc.)	Cost		<b>Supplies</b>			
			Description (PPE, approved tools, etc.)	Cost		
Subtotal-Lodging		\$ -				
<b>c. Subsistence</b>			<b>Total Supplies</b>			\$ -
Type (groceries; restaurant; vol. housing, etc)	Cost		<b>Other Operating Expenses</b>			
			Description (Phone costs, fuel for equipment, etc.)	Cost		
Subtotal-Food		\$ -				
<b>d. Laundry</b>			<b>Total Equipment</b>			\$ -
Type (laundromat charges, etc.)	Cost		<b>Other Miscellaneous Expenses</b>			
			Description	Cost		
Subtotal-Laundry		\$ -				
<b>e. Other Travel</b>			<b>Total Other</b>			\$ -
Type (tolls, parking, gas, luggage fees, etc.)	Cost		<b>Total Reimbursement Request</b>			\$ -
			<b>CNCS Approvals: Sign and Date</b>			
			<b>Disaster Services Unit:</b>			
			<b>CFO Office:</b>			
Subtotal-Other Travel		\$ -	<b>Office of Grants Management:</b>			

CNCS Disaster Deployment Reimbursement Request: Additional Breakdown		
<b>Program:</b>		
<b>Mission Assignment Number:</b>		
<b>Invoice Dates:</b>		
<b>Travel</b>		
<b>Transportation</b>		
<b>Type (airfare, train, rental car, etc.)</b>	<b>Cost</b>	
Subtotal-Transportation	\$	-
<b>Lodging (Include rate/# members/days)</b>		
<b>Type (hotel, volunteer facility, etc.)</b>	<b>Cost</b>	
Subtotal-Lodging	\$	-
<b>Subsistence</b>		
<b>Type (groceries/self-prepared; restaurant; volunteer facility)</b>	<b>Cost</b>	
Subtotal-Food	\$	-
<b>Laundry</b>		
<b>Type (Laundromat charges, etc.)</b>	<b>Cost</b>	
Subtotal-Laundry	\$	-
<b>Other Travel</b>		
<b>Type (Tolls, Parking, etc.)</b>	<b>Cost</b>	

Subtotal-Other Travel	\$	-	
		<b>TOTAL TRAVEL</b>	\$ -
<b>Personnel</b>			
<i>Reminder: MA covers only additional personnel costs incurred outside of normal spending. Please include formula(s) for any personnel costs:</i>			
<b>Type</b> (Lost FFS for AmeriCorps members, Staff OT, etc.)	<b>Cost</b>		
		<b>TOTAL PERSONNEL</b>	\$ -
<b>Supplies</b>			
<b>Description and Quantity</b> (PPE, approved tools, etc.)	<b>Cost</b>		
		<b>TOTAL SUPPLIES</b>	\$ -
<b>Other Operating Expenses</b>			
<b>Description and Quantity</b> (Phone costs, fuel for equipment, etc.)	<b>Cost</b>		
		<b>TOTAL EQUIPMENT</b>	\$ -
<b>Other Miscellaneous Expenses</b>			
<b>Description and Quantity</b>	<b>Cost</b>		
		<b>TOTAL OTHER</b>	\$ -

TOTAL Reimbursement	\$ -
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