



Disaster Deployment Reimbursement Request

1. Program Name:		2. Point of Contact (Name, Email, Phone)		3. Type of Activity and Location Served:			
4. Date Submitted	5. CAM1 (Completed by DSU)	6. Mission Assignment Number: (Completed by DSU)	7. MA Start Date (Completed by DSU)	8. MA End Date (Completed by DSU)	9. Invoice Start Date (Must be on or after MA start date)	10. Invoice End Date (Must be on or before MA 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.

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

AmeriCorps Approvals: Sign and Date

Disaster Services Unit:	CFO Office:	Office of Grant Administration:

AmeriCorps Disaster Deployment Reimbursement Request: Additional Breakdown

Program:		0
Mission Assignment Number:		
Invoice Dates:		
Travel		
Transportation		
Type (airfare, train, rental car, etc.)	Cost	
Subtotal-Transportation	\$	-
Lodging (Include rate/# members/days)		
Type (hotel, volunteer facility, etc.)	Cost	
Subtotal-Lodging	\$	-
Subsistence		
Type (groceries/self-prepared; restaurant; volunteer facility)	Cost	
Subtotal-Food	\$	-
Laundry		
Type (Laundromat charges, etc.)	Cost	
Subtotal-Laundry	\$	-
Other Travel		
Type (Tolls, Parking, etc.)	Cost	
Subtotal-Other Travel	\$	-
TOTAL TRAVEL		\$ -
Personnel		

Reminder: MA covers only additional personnel costs incurred outside of normal spending. Please include formula(s) for any personnel costs:

Type (Lost FFS for AmeriCorps members, Staff OT, etc.).	Cost					
TOTAL PERSONNEL		\$ -				
Supplies						
Description and Quantity (PPE, approved tools, etc.)	Cost					
TOTAL SUPPLIES		\$ -				
Other Operating Expenses						
Description and Quantity (Phone costs, fuel for equipment, etc.)	Cost					
TOTAL EQUIPMENT		\$ -				
Other Miscellaneous Expenses						
Description and Quantity	Cost					
TOTAL OTHER		\$ -				
TOTAL Reimbursement		\$ -				