

Nebraska Communication Access Fund (NCAF)

Itemized Cost Worksheet



You **MUST** provide itemized receipts and an invoice from the service provider (if applicable) with protected information redacted, if necessary. This form must be submitted with the NCAF Reimbursement Request form.

*Requestor's Name: _____

*Organization Name: _____

*Date(s) of Service: _____

CATEGORY	Dollar Amount
Portal to Portal Expenses (travel time)	
Mileage Reimbursement	
Per Diem for meals, incidentals	
Lodging	
Actual Communication Access Service Time for Assignment	
Other - specify below	
TOTAL	

Other:

***Required fields**