Nebraska Communication Access Fund (NCAF)

Reimbursement Request Form



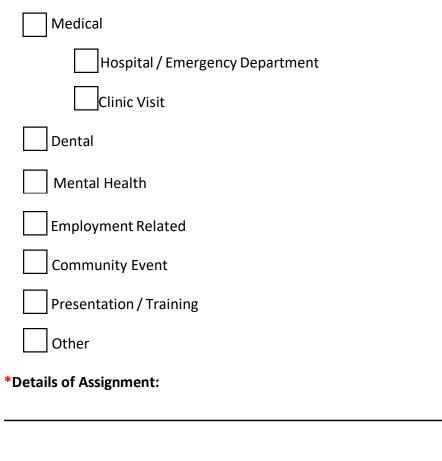
The Nebraska Communication Access Fund (NCAF) provides for the reimbursement of reasonable costs incurred for the provision of access to effective communication to rural areas of the state.

*Requestor's Name:		
*Organization Name:		
*Email:		
*Address:		
*City:	*State:	Zip Code:
*County:		
*Phone number:		
*Dollar Amount of Reimbursement Request: \$		_(must submit itemized cost worksheet)
*Date(s) of Service:		
*Begin Time of Service:	AM / PM	
*End Time of Service:	AM / PM	
*Number of Individuals Served:		
*Type of Auxiliary Aid or Service Used:		

*(If Interpreting Service) Name of Contracted Licensed Sign Language Interpreter or Video Remote Interpreting Service:

*Required fields

*Type of Situation or Assignment - Please specify details in the field listed below



*Required fields

Certification

I/we certify, under penalty of perjury under the laws of the United States of America, that all information provided on this form are true, accurate and complete. I/we also acknowledge that any deliberate omission, misrepresentation, or falsification of any information contained on this form may be punishable by criminal, civil, or administrative penalties, including but not limited to the imposition of fines, civil damages, and/or imprisonment.

