

SAMPLE OF COMPLETED FORM

Rural Communication Access Fund (RCAF) Itemized Cost Worksheet



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

*Requestor's Name: Dr. John Smith

*Organization Name: Rural Health Clinic

*Date(s) of Service: July 1, 2022

| CATEGORY | Dollar Amount |
|---|-----------------|
| Portal to Portal Expenses (travel time) | \$200.00 |
| Mileage Reimbursement | \$78.98 |
| Per Diem for meals, incidentals | \$0.00 |
| Lodging | \$0.00 |
| Actual Interpreting Time for Assignment | \$100.00 |
| Other (specify below) | \$0.00 |
| TOTAL | \$378.98 |

Other:

**required fields*