SAMPLE OF COMPLETED FORM

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**Legal Communication Access Fund (LCAF) 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 LCAF Reimbursement Request form.

**\*Requestor’s Name:**  Perry Mason

**\*Organization Name:**  Perry Mason Law Firm

**\*Date(s) of Service:** July 3, 2022

**CATEGORY**

Portal to Portal Expenses (travel time)

**Dollar Amount**

$200.00

Mileage Reimbursement

$78.98

Per Diem for meals, incidentals

$0.00

Lodging

$0.00

Actual Interpreting Time for Assignment (include invoice from provider)

$100.00

CART services (include invoice from provider)

$0.00

Other (specify below)

$0.00

**TOTAL**

**$378.98**

Other:

*\*required fields*