

# 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:** \_\_\_\_\_

**\*Organization Name:** \_\_\_\_\_

**\*Date(s) of Service:** \_\_\_\_\_

CATEGORY	Dollar Amount
Portal to Portal Expenses (travel time)	
Mileage Reimbursement	
Per Diem for meals, incidentals	
Lodging	
Actual Interpreting Time for Assignment (include invoice from provider)	
CART services (include invoice from provider)	
Other (specify below)	
<b>TOTAL</b>	

Other:

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*\*required fields*