

# Rural Communication Access Fund (RCAF)

## 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 RCAF 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 |               |
| CART Services                           |               |
| Other (specify below)                   |               |
| <b>TOTAL</b>                            |               |

Other:

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**\*Required fields**