

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: _____

*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	
Other (specify below)	
TOTAL	

Other:

**required fields*