

## NCVAN Direct Services: Co-Victims of Homicide Court Travel Reimbursement Cover Sheet 2025-2026

AGENCY INFORMATION	RECIPIENT INFORMATION
Contact Name:	Recipient Name:
Agency:	Recipient Address:                      City:                      State:                      Zip:
Address:                      City:                      State:                      Zip:	Recipient Phone:                      Email Address:
Phone:	Homicide Victim's Name:
Signature Statement of Agency Representative I _____, by my signature am confirming that this recipient was not called as a witness for the state.    Date: _____	Trial Date/Length: _____ Number to days attended by recipient: _____
<b>TRAVEL</b>	
<i>Rental Car – will be reimbursed at economy car rate, \$35/day</i>	
RENTAL CAR CO.                      LENGTH OF RENTAL:	<b>TOTAL COST OF CAR:</b>
<i>Personal Car Usage (.65 cents per mile, no receipts needed)</i>	
MILES TRAVELED ROUND TRIP _____ @ _____.65 ____/mile = TOTAL MILEAGE TO BE REIMBURSED \$ _____	
<i>Airfare - One Trip per Trial Setting (\$500 cap per person round trip)</i>	
COST FOR ROUND-TRIP TICKET = \$	<b>TOTAL AIRFARE: \$</b>
Parking Fees at Hotel or Courthouse Parking	
	<b>TOTAL PARKING FEES:\$</b>
<b>TOLL BOOTHS:</b>	
<b>HOTEL</b> (Rate: \$89.10 + tax/night plus tax per room)	
Hotel Name:	
No. of People:	
<b>LODGING</b>	
Cost per Night:	<b>TOTAL:</b>
Total No. of Nights:	
<b>MEALS - ITEMIZED RECEIPTS REQUIRED</b> – Note meal caps B: \$10.60 L: \$14 D: \$24.40 per person <i>Alcohol is <b>not</b> an allowable expense / Gratuity is not reimbursable</i>	
<u>Breakfast:</u>	
No. of People:	<b>Total Breakfast Cost:</b>
No. of Days:	
<u>Lunch:</u>	
No. of People:	<b>Total Lunch Cost:</b>
No. of Days:	
<u>Dinner:</u>	
No. of People:	<b>Total Dinner Cost:</b>
No. of Days:	
<b>TOTAL OF ALL MEAL COSTS:</b>	
<b>GRAND TOTAL REQUEST FOR REIMBURSEMENT FROM GRANT: \$</b>	
I affirm that the above information is true and correct to the best of my knowledge and that I was not called as a witness for the state. I affirm that I am seeking reimbursement for myself and the parties listed on this form as approved.	
_____ <i>Signature of Recipient</i>	
Approved By:	(Project Director) Date:

Requests for reimbursement must be accompanied with original itemized receipts (labeled and dated) and mailed/faxed or with this form. Credit card receipts without itemized billing are not admissible. Keep a copy of receipts for your records. Reimbursements processed as funds are available.

**Mail to: NCVAN P.O. Box 32173 Raleigh, NC 27622**  
**919. 831.2857 ext. 4 FAX 919.831.0824, Attn: Elizabeth Watson / Email: info@nc-van.org**