|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Request** | | |  | | | | | | | | | | **Office Use Only** | | | | | | | | | | | | | |
| **Payee** |  | | | | | | | | | | | | **Voucher No**. | | | |  | | | | | | | | | |
| **Payee Phone Number** | | | | |  | | | | | | | | **Requesting Check** | | | | | | | | | **DISASTER RELIEF** | | | | |
| **Last 4 digits of SS No. or Federal ID No.** | | | | | | | |  | | | | | **Amount of Check** | | | | | | | |  | | | | | |
| **Address (Street, City, State, Zip)** | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | **Meeting/Event** | | | | | |  | | | | | | | |
| **Deployment Dates** | | | | | **From** |  | | | **To** | |  | | **Unit Number** | | | | |  | | | | | | | | |
| **Deployment Location** | | | | |  | | | | | | | | **Disaster Number** | | | | | | |  | | | | | | |
| **Blue Cap** | |  | | | | | | | | | | | **Blue Cap Cell** | | | | |  | | | | | | | | |
| **PAYEE SIGNATURE** | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | ***UNIT TOWING VEHICLE*** | | | | | | | ***OTHER VEHICLE*** | | | | **Other Vehicle Use** | | | | | | | |  | | |
|  | | | | | **>>>>>>>>>>>>>>Each Vehicle Requires a Separate Form<<<<<<<<<<<<<<<<** | | | | | | | | | | | | | | | | | | | |  | |
| **G/L Account Number** | | | | | **Odometer Ending** | | | |  | | | | | | **Town Beginning** | | | | | | |  | | |  |  |
| **Office Use Only** | | | | | **Odometer Beginning** | | | | |  | | | | | **Town Ending** | | | | | |  | | | |  | **Total** |
|  | | | | | **TOTAL MILES** | |  | | | | | | |  | | | | | | | | | | |  | **Amounts** |
|  | | | | | **Rate Per Mile** | |  | | | | | | | **Rate per Mile x Total Miles** | | | | | | | | | | |  |  |
|  | | | | | **Lodging (Prior approval required) ………………………………………………………………….** | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | **Meals (1/day/person not > $18.00; List volunteers on back of itemized receipt) …..………** | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | **Other (Detailed receipts required)……………………………………………………………..…….** | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | **TOTAL REIMBURSEMENT REQUEST** | | | | | | | | | | | | | | | | | | | |  | |
| **TXM Disaster Relief Director** | | | | | |  | | | | | | | **TXM Executive Director** | | | | | | | | | |  | | | |
| **Date** | | | | | |  | | | | | | | **Date** | | | | | | | | | |  | | | |