



*Intake #: _____

OUT-OF-POCKET EXPENSE

Complete this form for all expenses for which you are requesting reimbursement such as meals, lodging, lost wages and other expenses while displaced. Please be sure to attach documentation to support the reimbursement request.

*Name: _____

(Head of Household Only – 1 Name)

Expense Details

Expenses incurred while displaced

DATE	MEALS	LODGING	OTHER **
____ / ____ / ____	\$ _____	\$ _____	\$ _____
____ / ____ / ____	\$ _____	\$ _____	\$ _____
____ / ____ / ____	\$ _____	\$ _____	\$ _____
____ / ____ / ____	\$ _____	\$ _____	\$ _____
____ / ____ / ____	\$ _____	\$ _____	\$ _____
____ / ____ / ____	\$ _____	\$ _____	\$ _____
____ / ____ / ____	\$ _____	\$ _____	\$ _____
Expense Sub-Totals:	\$ _____	\$ _____	\$ _____

Wage Loss

Required letter from employer on company letterhead advising rate of pay, dates & # hours missed for reimbursement.

Date Missed:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	
Pay Rate: \$	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
# Hours:	_____ + _____	+ _____	+ _____	+ _____	+ _____ =	
Total Loss: \$	\$ _____ + \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____ =	\$ _____

Totals	Total # Hours Missed: _____	Wage Loss Total: \$ _____
		Expense Total: \$ _____
		Grand Total: \$ _____

** Explain other costs: _____

*DATE: ____ / ____ / ____ *Signature: _____

** Items not available for reimbursement may include but are not limited to: Tobacco, alcoholic beverages, home appliances, video game consoles, video games, veterinary, animal boarding, home goods, non-perishable goods, cash withdrawals, gift card purchases



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