|  |  |  |
| --- | --- | --- |
| **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** |  |
| **TBM Disaster Relief Director** |  | **TBM Executive Director** |  |
| **Date** |  | **Date** |  |