

Section 3. REQUESTS

Attach invoice | receipt | estimate for breakdown of costs and service provider information

1. Relocation Costs (Rent/Deposits/Storage/Moving Expenses)	\$ _____
Contact information for landlord leasing agent:	
Breakdown of costs associated:	
2. Emergency Funds (Food/Shelter/Clothing/Transportation)	\$ _____
Contact information for service provider:	
3. Window/Door Lock Repair or Replacement	\$ _____
Contact information for service provider:	
4. Transportation/Meals/Lodging to participate in Criminal Justice System	\$ _____
Breakdown of costs associated:	
5. Other expenses (Please Explain)	\$ _____
TOTAL AMOUNT REQUESTED	\$ _____

Supporting documentation to be submitted within 14 calendar days of expenditure

Project Director/Coordinator Signature:		Date:
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Signature is required to process request

Approve Deny

Reason for denial:

Nebraska Victim Advocacy Coordinator

Date