



**Supplemental Sheet F: MEDICAL EXPENSES**  
If necessary, please attach additional sheets using this format.

**Medical Expense**

*Please list each medical expense for which you are seeking reimbursement.*

Describe the Medical Expense:	What Was the Out-of-Pocket Cost?	Date Medical Expense Was Incurred:	
Name of Service Provider:	Contact Person's Name:	Email:	Telephone:
Provider's Address:	City:	State:	Zip Code:

**Medical Coverage**

*Please identify all sources of financial assistance for each expense, including family members or friends who may have covered your expenses.*

Coverage Source's Name:	Policy # - Acct # - Claim #:	Contact Person's Name:	
Coverage Source's Address:	Source's Telephone:	Source's Email/Fax:	

**Medical Expense**

*Please list each medical expense for which you are seeking reimbursement.*

Describe the Medical Expense:	What Was the Out-of-Pocket Cost?	Date Medical Expense Was Incurred:	
Name of Service Provider:	Contact Person's Name:	Email:	Telephone:
Provider's Address:	City:	State:	Zip Code:

**Medical Coverage**

*Please identify all sources of financial assistance for each expense, including family members or friends who may have covered your expenses.*

Coverage Source's Name:	Policy # - Acct # - Claim #:	Contact Person's Name:	
Coverage Source's Address:	Source's Telephone:	Source's Email/Fax:	

**Please attach supporting documentation for each expense, such as insurance statements, invoices, copies of receipts, credit card statements, Explanation of Benefits, etc.**

## **Supplemental Sheet G: MENTAL HEALTH EXPENSES**

**If necessary, please attach additional sheets using this format.**

### **Mental Health Expense**

*Please list each mental health expense for which you are seeking reimbursement.*

Describe the Medical Expense:	What Was the Out-of-Pocket Cost?	Date Medical Expense Was Incurred:	
Name of Service Provider:	Contact Person's Name:	Email:	Telephone:
Provider's Address:	City:	State:	Zip Code:

### **Mental Health Coverage**

*Please identify all sources of financial assistance for each expense, including family members or friends who may have covered your expenses.*

Coverage Source's Name :	Policy # - Acct # - Claim #:	Contact Person's Name:	
Coverage Source's Address:	Source's Telephone:	Source's Email/Fax:	

### **Mental Health Expense**

*Please list each mental health expense for which you are seeking reimbursement.*

Describe the Medical Expense	What Was the Out of Pocket Cost?	Date Medical Expense Was Incurred	
Name of Service Provider	Contact Person's Name:	Email	Telephone:
Provider's Address	City	State	Zip Code

### **Mental Health Coverage**

*Please identify all sources of financial assistance for each expense, including family members or friends who may have covered your expenses.*

Coverage Source's Name:	Policy # - Acct # - Claim #:	Contact Person's Name:	
Coverage Source's Address:	Source's Telephone:	Source's Email/Fax:	

**Please attach supporting documentation for each expense such as insurance statements, invoices, copies of receipts, credit card statements, Explanation of Benefits, etc.**

## **Supplemental Sheet H: PROPERTY LOSS EXPENSES**

**If necessary, please attach additional sheets using this format.**

*Please list in detail, your specific items below.*

<b>Item Name</b>	<b>Detailed Description</b>	<b>Cost at Time of Purchase</b>	<b>Was the item insured?</b>	<b>Attached Supporting Documentation</b>
<i>Example: Digital Camera</i>	<i>1 Canon PowerShot S95 Camera with 10 megapixels, 4x zoom, 3" LCD display and SD memory card slot.</i>	<i>\$865.00</i>	<i>No</i>	<i>Receipt</i>

**Please attach supporting documentation for each expense such as copies of receipts, credit card statements, pictures of the items, etc.**

*For assistance call 1-800-363-0441 or email [itverp@ojp.usdoj.gov](mailto:itverp@ojp.usdoj.gov)*

**Supplemental Sheet I: FUNERAL & BURIAL EXPENSES**

**If necessary, please attach additional sheets using this format.**

*Please list in detail, your requested expenses below.*

<b>Type of Expense</b>	<b>Detailed Description</b>	<b>Total Cost at Time of Purchase</b>	<b>Amount Covered by Other Sources</b>	<b>Purpose of Expense</b>	<b>Attached Supporting Documentation</b>

**For each expense you must attach copies of supporting documentation.**

**Third Party Contributions:** Has any other person(s) such as a family member or friend paid for part of the out-of-pocket funeral and/or burial expenses for which you are seeking reimbursement? If so, complete the chart below.

<b>Person(s) Who Paid</b>	<b>Contact Information for Person(s) Who Paid</b>	<b>Relationship Between Claimant and Who Paid</b>	<b>Amount Paid</b>	<b>For What Expense</b>
Name:	Address, email, and telephone:			
Name:	Address, email, and telephone:			
Name:	Address, email, and telephone:			

**Please attach supporting documentation for each expense such as copies of receipts, credit card statements, etc.**

*For assistance call 1-800-363-0441 or email [itverp@ojp.usdoj.gov](mailto:itverp@ojp.usdoj.gov)*

**Supplemental Sheet J: MISCELLANEOUS EXPENSES**  
**If necessary, please attach additional sheets using this format.**

*Please list your specific expenses below.*

<b>Type of Expense</b>	<b>Detailed Description</b>	<b>Cost at Time Expense Was Incurred</b>	<b>Amount Covered by Other Sources</b>	<b>Purpose of Expense</b>	<b>Attached Supporting Documentation</b>
<i>Example: Phone bill</i>	<i>Phone charges from India to Knoxville, TN while in India attending to victim's affairs – June/July 2004</i>	<i>\$384.28USD</i>	<i>No</i>	<i>Putting victim's affairs in order</i>	<i>Phone bill</i>

**For each expense you must attach copies of supporting documentation.**

**Third Party Contributions:** Has any other person(s) such as a family member or friend, paid for part of the out-of-pocket funeral and/or burial expenses for which you are seeking reimbursement? If so, complete the chart below.

<b>Person Who Paid</b>	<b>Contact Information for Person(s) Who Paid</b>	<b>Relationship Between Claimant and Who Paid</b>	<b>Amount Paid</b>	<b>For What Expense</b>
Name	Address, email and telephone			
Name	Address, email and telephone			

*For assistance call 1-800-363-0441 or email [itverp@ojp.usdoj.gov](mailto:itverp@ojp.usdoj.gov)*