



INTERNATIONAL TERRORISM VICTIM EXPENSE REIMBURSEMENT PROGRAM

THIRD PARTY PAYER AUTHORIZATION

I, _____, hereby authorize
(insert your name)

_____, to receive reimbursement for
(insert claimant's name)

expenses I incurred as a direct result of the terrorist incident that occurred in

_____ on _____.
(Location of Incident – City, Country) (Date(s) of Incident)

These expenses represent immediate, out of pocket expense to me.

I attest that I did not have any form of insurance, or any other form of coverage, that would be responsible for these expenses at the time of the incident. _____
(Initials)

I understand that ITVERP is not responsible for ensuring the above referenced claimant reimburses me for the expenses I have authorized him/her to receive. _____
(Initials)

Print Name

Signature

Date

****Please provide a copy of a government issued ID and you current contact information below:**

Address: _____

Phone #: _____

Email: _____



810 Seventh Street NW • Washington, DC 20531 • 1-800-363-0441 • ITVERP@usdoj.gov
<http://www.ovc.gov>

