



### Disaster Expense Reimbursement Request Form Providers/External Parties

Organization Name:

Organization EIN:

Organization NPI:

Organization Contact  
Person:

Contact Email Address:

Date of Request:

Date of Expense	Incurred on Behalf of: (Member's Name)	Category of Expense	Explanation (For Other/Miscellaneous Only)	Expense Amount

Total Requested Reimbursement: \_\_\_\_\_



The undersigned hereby certifies that the information contained in the table above and any other supporting documents that the signatory may submit with this Form is/are true and accurate.

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Signature

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Date

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Printed Name

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Title

Please submit a completed copy of the form into the Stabilization Payment Request Smartsheet, or to [TrilliumFinance@TrilliumNC.org](mailto:TrilliumFinance@TrilliumNC.org).