

## Non-Evacuation Volunteer/Trainee Cash Claim Form

Volunteer/Trainee	
Country Director	Country of Service
or	
Domestic Office Head	Domestic Office Name

### I. Statement and Description of Loss

The following cash was lost or stolen on \_\_\_\_\_ (date of loss) under the circumstances explained below, and I hereby request reimbursement from the Peace Corps for this cash:

			Office Use Only
Type of Funds (living allowance*, medivac per diem, etc.)	Amount	Indicate Approval or Denial	Reimbursement Amount

Total \_\_\_\_\_

The funds were lost or stolen under the following circumstances:

\*Please fill out an itemized accounting of basic living expenses you expect to incur until your next living allowance payment.

Expense	Estimated Cost

Total \_\_\_\_\_

### II. Volunteer/Trainee Verification & Release

I verify that this claim is true and correct, to the best of my knowledge and belief, and that I have not received reimbursement from any other source for the items claimed.

I further certify that my acceptance of payment in settlement of the claim for the items listed above will constitute full satisfaction of said claim against the United States Government, its employees, or Peace Corps Volunteers/Trainees.

\_\_\_\_\_  
Volunteer/Trainee Signature

\_\_\_\_\_  
Date

### III. Country Director's/Office Head's Action

The Country Director/Office Head reviews the entire form, fills in the last two columns in section I, and completes this section.

Living Allowance: Reimbursement is needed to meet expenses until the next living allowance payment.  
 Other Allowances: Reimbursement of the allowances (other than living allowance) listed above is appropriate for the following reasons:

Comments:

Approved      Amount \_\_\_\_\_  
 Denied  
 Forward to the Regional/Associate Director

I verify that approval, denial, or forwarding of this claim is in accordance with the policies and procedures in MS 235.

\_\_\_\_\_  
Country Director/Office Head Signature

\_\_\_\_\_  
Date

### V. Regional/Associate Director Action

(Amount over \$1000)

Approved      Amount \_\_\_\_\_  
 Denied

\_\_\_\_\_  
Regional/Associate Director Signature

\_\_\_\_\_  
Date

**Note: Falsification of an item in this claim may result in a fine or imprisonment or both (18 USC 287; id 1001).**