**Victim Financial Assistance Request Form**

Please use this form when requesting approval for victim assistance. Agencies may use this form or adapt to best fit the needs of their agency. All grantees should refer to their grant to determine if an expense is allowable for reimbursement.

**General Information**

 **Date** **Amount**

 **Client Initials/ID** **Funding Source** (e.g., VOCA, FVPSA, etc.)

 **Requester’s Name**

 **Payee**

**Request Information**

 **Type of Assistance Requested** (e.g., emergency shelter, transportation, hotel rooms, etc.)

 **Brief explanation for why assistance is needed**

 **Approved by** **Date**