

Payee Letterhead/Logo

Month Day, Year

Attn: Agency Point of Contact

Agency Name

Agency Address

Agency City, State, Zip

Re: Incident Name

Synopsis of the incident, resources requested, length of mission, etc. and justification of the expenses being sought for reimbursement. If the mission was fulfilled at the request of NCEM, include the Disaster Number (If available) and the mission number associated with this packet.

The total reimbursement requested is \$XX.XX. This amount is comprised of the following:

(Breakdown of costs:)

- Equipment Costs
- Labor Costs
- Materials

Payee Tax Id is **XX-XXXXXXX**.

Please remit payment to:

Payee Agency Name

Payee Agency Address

Payee Agency City, State, Zip

If you have any questions please feel free to contact me at XXX-XXX-XXXX.

Thank you,

Payee Point of Contact

Payee Title, Contact Information