**Idaho Coalition Against Sexual & Domestic Violence**
**Request Funds Invoice** for **OVW Transitional Housing** Funds
Email monthly invoice and supporting documents to
lacey@engagingvoices.org by the 15th of the Month

**Bill to:**  **Pay:**
Idaho Coalition Against Sexual & Domestic Violence Add Program or Organization name here
1402 W. Grove St. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Boise, ID 83702 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Survivor ID #** | **Description[[1]](#footnote-1)** | **$ Amount** |
| Fund request for (assigned TH ID #)Fund request for (assigned TH ID #)Fund request for (assigned TH ID #)Fund request for (assigned TH ID #) | Reimbursement description here.   Reimbursement description here. Reimbursement description here. Reimbursement description here.  | $ $ $ $  |
|  |  **TOTAL AMOUNT** | $  |

1. **Must include the following information before invoice will be approved and processed for reimbursement: survivor ID #(s) and description indicating what the transitional housing funds request is for (i.e. rental or utilities payment, security deposits, and other cost incidentals/related expenses). REIMBURSEMENT IS NOT GUARANTEED UNLESS YOU HAVE RECEIVED PRIOR APPROVAL FROM THE IDAHO COALITION. PLEASE CONTACT THE COALITION BEFORE SEEKING INITIAL REIMBURSEMENT FOR COSTS.** [↑](#footnote-ref-1)