

MEDICAL RESERVE CORPS OF ILLINOIS BACKGROUND CHECK REIMBURSEMENT REQUEST



MRC UNIT #: _____ MRC UNIT NAME: _____

CONTACT NAME: _____ CONTACT EMAIL: _____

Housing Authority Information		Reimbursement Limitations	
Housing Authority: EIN: Address: Phone:		Background Checks: \$120.00 <i>Reimbursement is subject to the limitations listed above</i>	
Volunteer Categorization			
Please choose which category of volunteers the background checks are being used for:		<input type="checkbox"/> New Volunteers	<input type="checkbox"/> Strike Team Volunteers
		<input type="checkbox"/>	<input type="checkbox"/> Volunteer Deployment

System/Vendor Used	QTY	Description	Unit price	Is the receipt attached to reimbursement? [Y/N]	Line total
Total Background Check					
Total Reimbursement Requested					

Please send your receipt of payment to the vendor(s). Without receipt from the vendor(s), reimbursement will not be processed.

Medical Reserve Corps of Illinois

Funding for this opportunity is available due to the MRCSTRONG award through ASPR.

<https://www.mrcillinois.org>; mrcillinois@gmail.com

Timeline:

All interested parties must submit reimbursement requests no later than April 15th for proper dissemination of funds by May 31st, 2024.