

# MEDICAL RESERVE CORPS OF ILLINOIS VOLUNTEER PROTECTIONS REIMBURSEMENT REQUEST



MRC UNIT #: \_\_\_\_\_ MRC UNIT NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

Housing Authority Information	Reimbursement Limitations
Housing Authority: EIN: Address: Phone:	Volunteer Protections \$650.00  <i>Reimbursement is subject to the limitations listed above</i>

Volunteer Categorization				
Please choose which category of volunteer these protections are being used for:	<input type="checkbox"/> New Volunteers	<input type="checkbox"/> Strike Team Volunteers	<input type="checkbox"/> Volunteer Deployment	<input type="checkbox"/>

System/Vendor Used	QTY	Description	Unit price	Is the receipt attached to reimbursement? [Y/N]	Line total
Total Volunteer Protections					
<b>Total Reimbursement Requested</b>					

**Please send with 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 MRC-STTRONG award through ASPR.

<https://www.mrcillinois.org>; [mrcillinois@gmail.com](mailto:mrcillinois@gmail.com)

**Timeline:**

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