

NATIONAL INSTITUTE OF CORRECTIONS VOUCHER

(Fees and Miscellaneous Expenses Only)

If your work originated with the **Community Corrections, Prisons, or Jails Division, The Office of Workforce Development, Research and Evaluation or the Administration of NIC**, please submit your Fee Form to Atten: TA Manager, 320 First Street NW Room 5002, Washington, DC 20534.

If your work originated with the **Academy Division of NIC**, please submit your Fee form to Atten: TA Manager / CPS Project Manager, 11900 E. Cornell Avenue, Aurora, CO 80014.

NIC Activity No.:

Name (Last, First, Middle Initial):	SSN:
Mailing Address (include zip code):	Telephone No.:

Location of Event/Project (City, County, State):

PART I - FEES

FEE SUBMISSION: Please provide the following information in chronological order: the dates you worked; the number of hours (round to the nearest hour) spent on each activity listed below; the total number of hours spent working on each date listed. Please add the "Total Hours" column to arrive at the total number of hours claimed for this NIC funded activity. **The Institute will not compensate for more than 8 hours work, including travel time, performed in any 24-hour calendar day.**

Date	Preparation	Travel to Authorized Site	Onsite Project Work	Travel from Authorized Site	Report Writing	Total Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL HOURS _____

CERTIFICATION: I certify that I have performed the services contracted for and listed above and that all the information contained in this Voucher (Part I and Part II) are true and correct.

(Signature) _____ (Date)

Please check one: This claim is complete This claim is incomplete

FOR NIC USE ONLY

Report Received:	CPS Review:	Payment Authorization: Chief/TA Manager	Date Forwarded:
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PART II OF THIS VOUCHER CAN BE FOUND ON THE REVERSE SIDE OF THIS FORM AND SHOULD BE COMPLETED ONLY IF APPLICABLE.

**NATIONAL INSTITUTE OF CORRECTIONS VOUCHER
PART II - MISCELLANEOUS EXPENSES**

CLERICAL EXPENSES: Clerical includes those expenses incurred by you in obtaining/purchasing the following services: typing, word processing, duplicating, fax, etc. **If authorized**, original receipts are required. **Certifications will not be accepted.** Receipts must contain the purpose (e.g., preparation of TA report, word processing services, etc.), the amount for services, the provider's name, address, and phone number. If the service was provided by an individual, the receipts must also contain the original signature of the person who provided the services. Please list below each expense incurred for which a claim is being made and complete the cost column. **Original receipts** for all items claimed must be attached to the Voucher.

AUTHORIZED EXPENSES CLAIMED	AMOUNT CLAIMED

POSTAGE/DELIVERY SERVICES: For all other postage/delivery service expenses, either receipts or certification of expenses will be accepted for items exceeding \$75.00

AUTHORIZED EXPENSES CLAIMED	AMOUNT CLAIMED

Certification: I certify that I have incurred postage/delivery service expenses in connection with this NIC assignment and estimate same to be in the amount of \$_____. This certification is True and Correct.

_____ Signature _____ Date

TELEPHONE EXPENSES: **Either** receipts or certification of expenses will be accepted in recognition of the practice of monthly billing for telephone services. If you choose to provide certification, please complete the section below and sign your name.

PERSON OR ORGANIZATION CALLED	AMOUNT CLAIMED

Certification: I certify that I have incurred telephone expenses in connection with this NIC assignment and estimate same to be in the amount of \$_____. This certification is True and Correct.

_____ Signature _____ Date