Utah Office for Victims of Crime
Crime Victim Reparations Program
350 East 500 South, Suite 200
Salt Lake City, Utah 84111
Phone: 801-238-2360
Fax: 801-533-4127
Email: crimevictims@utah.gov

Funeral Expense Voucher

(To be completed by each party requesting reimbursement)

Claimant Name_____ Victim Name_____ Claim No _____

Claimant Address_____ Relationship to Victim _____

NOTE: ALL RECEIPTS AND SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS REQUEST

Example Expenses

A. Funeral and burial expenses ($7,000 maximum)

B. Funeral related travel

C. Replacement service loss

D. Loss of wages

E. Cost of moving or packing estate

DATE OF EXPENSE	EXPLANATION	$ AMOUNT OR NUMBER OF MILES

I hereby certify under penalty of perjury that this is a true and correct claim for expenses incurred by me and that no payment has been received by me on account thereof.

_____ _____

Date Signature