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**Request for Reimbursement Form:
 Passport, Passport Card, or REAL ID Act Compliant State Driver's License or State
 Identification Card**

Tribal Member Name: _____ Enrollment Number: _____

Address: _____

Name of person submitting application: _____ Relation to applicant: _____

Phone Number: _____

The CTUIR will reimburse only for one passport book, one passport card, or one REAL ID Act compliant State Driver's License or Identification Card. The CTUIR is not responsible for determining which item is needed for the Tribal members' benefit.

Which one of the items are you applying for? (You can only receive reimbursement for one item.)

- ___ Passport Book
- ___ Passport Card
- ___ REAL ID Act Compliant Driver's License
(includes Enhanced Driver's License)
- ___ REAL ID Act Compliant Identification Card
(includes Enhanced Identification Card)

Reimbursable Passport Costs:

- Passport Application Fee: \$ _____
- Facility Acceptance Fee: \$ _____
- Service Fee: \$ _____
- Photo Fee: \$ _____
- Money Order Fee: \$ _____

Amount paid for item marked above: \$ _____

- **Are you also requesting reimbursement for a certified copy of a birth certificate?**
 - [] No
 - [] Yes: Amount paid for certified copy of birth certificate: _____

Total amount requested for reimbursement: \$ _____

ALONG WITH THIS REQUEST FORM, YOU MUST ALSO SUBMIT:

- **An original receipt or other proof of payment showing you paid for the item(s) you're seeking reimbursement for.**
 - If purchased online, a printout of the electronic receipt must be provided.
 - If you are requesting reimbursement for a certified birth certificate, you will also need to submit a copy of the receipt for the separate fee.
- **A photocopy of the document.**

This space is for Enrollment Office use

Date Received: _____ Amount Funded: _____ Staff Member Initials: _____ Decision: [] Approved [] Denied

Date Applicant was notified of decision: _____

Purchase Requisition Submitted on: _____

Reimbursement was: [] Mailed on (date): _____ or [] Picked up by (name): _____ on: _____