**Sample Section 139 Disaster Relief -**

**County of Maui 2023 Wildfire Payment Request Form**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses Incurred and Amount:

| **Expense Category** | **Amount** |
| --- | --- |
| Emergency Shelter or Lodging |  |
| Food and Water |  |
| Medical Expenses |  |
| Temporary Housing |  |
| Home Repairs |  |
| Funeral Expenses |  |
| Other *(please specify):*  |  |
|  |  |
| **Total Amount Requested** |  |

Declaration: I certify that the expenses listed above were reasonable and necessary expenses incurred because of the wildfires occurring in early August 2023.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_