



COMMUNITY PROJECT GRANT REIMBURSEMENT REQUEST

Program Name: _____

Date: ___/___/___

Reimbursement Category:

Personnel	\$ _____	Professional Development	\$ _____
Supplies	\$ _____	Travel	\$ _____
Equipment	\$ _____	Printing and Copying	\$ _____
Rent or Utilities	\$ _____	Postage	\$ _____
Consultant /Professional Fees	\$ _____	Telephone	\$ _____
Fringe/Benefits:	_____		\$ _____
Other (Description):	_____		\$ _____

Requests To-Date

Total Request: \$ _____

Are detailed receipts for this request attached? * Yes No

Total Prior Requests: \$ _____

Balance To-Date: \$ _____

Acknowledgement

I certify that the expenses stated above are correct and incurred in compliance with the City of Madras' Community Project Grant. The items for which I am seeking reimbursement for promote and/or encourage economic growth in the City of Madras.

Signature

Date

Printed Name

Finance Director Signature

Date

**Detailed receipts are required.*