

Project Title:

## **CDBG Request for Reimbursement**

All requests for reimbursement must be accompanied by proof of expenditures, such as copies of checks, time cards, etc.

Total Subgrant Amount:			Request No.:
Reporting Period (Enter date covered):		OR	
	Month / Year (mm/dd/yy)		Quarter Ending (mm/dd/yy)
EXPENDITURE TYPE	DETAIL	AMOUNT	COMMENTS
Salaries, incl. Fringe Benefits	(Manager, Counselor, etc.):		,
Position:			
	Salaries Subtotal:		
Supplies	r		
Office			
Operating			
	Supplies Subtotal:		
Miscellaneous	rr		γ
Contractor payments:			
Fees, Licenses, etc.:			
Other project costs:			
(Specify Below)			
1.			
2.			
3.			
4.			
5.			
6.			
	Misc. Subtotal:		
BALANCE FROM PREVIOUS QUARTER			
TOTAL EXPENDITURES THIS PERIOD:			
TOTAL EXPENDITURES TO DATE:			
BALANCE OF SUBGRANT:			
Subgrantee Authorization: I certify the above information is correct.  Project Supervisor Signature:			
FOR CARSON CITY CDBG USE ONLY:			
Grantee Authorization for payment: I verify that expenditures are consistent with contracted scope of work.  Carson City CDBG Staff Signature			

This form is available in an Excel format to assist in calculation of the sub-totals and total. If you would like this form emailed to you, please contact the Carson City CDBG representative at 887-2180.