

**Subrecipient Request for Reimbursement**

CDBG Fiscal Year: \_\_\_\_\_  
 Period Covered: \_\_\_\_\_  
 Invoice Number: \_\_\_\_\_

Previous Balance \$ \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_  
 Account Balance \$ \_\_\_\_\_

Agency				Project Name		
To Be Completed by Project Coordinator					To Be Completed by City	
Check No.	Date	Payee/Description	Total Amount	Amount Requested	Adjustments Amount Code	Reimbursed
<b>Total Requested :</b>					<b>Total Reimbursed:</b>	

**CERTIFICATE**

I certify that this claim is for authorized expenditures incurred pursuant to this grant project and the appropriate documentation is attached. \*I further certify that the financial records, supporting documents, statistical records and all other records pertinent to this grant project shall be retained for a period of three (3) years according to regulations contained in CFR 570.502(b)(3), 24 CFR 85.42, and OMB Circular A-110, Attachment C.

**\*Appropriate supporting documentation includes copies of bills/invoices and proof of payment in the form CANCELLED checks.**

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

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

**FOR OFFICE USE ONLY**  
 Adjustment Code Explanations:  
 NCB – Not Currently Budgeted  
 I – Ineligible  
 A – Approved for reimbursement

PO # \_\_\_\_\_

Reviewed by: \_\_\_\_\_

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