

Subrecipient Request For Reimbursement

CDBG Fiscal Year _____
 Period Covered _____

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	
Total Requested :					Total Reimbursed:		

Adjustment Code Explanations:
 NCB – Not Currently Budgeted
 I – Ineligible
 A – Approved for reimbursement

_____ Date

_____ Signature of Authorized Contact Person