

**Exhibit "G" - City of Vancouver CDBG
REQUEST FOR REIMBURSEMENT**

Date: _____ Period Covered: _____
 Project Title: _____ Contact Person: _____
 Invoice #: _____ Telephone: _____
 CDBG Project #: _____ Other Funding: _____

Activity	CDBG Budget	Expended This Period	Expended To Date	Balance
a)				
b)				
c)				
d) Tax				
e) Other (Specify):				
TOTAL PROJECT COST:				

Reimbursement Amount Request \$ _____ Check box when this is a final request.

CERTIFICATION: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS REPORT IS CORRECT AND COMPLETE, AND THAT ALL EXPENDITURES ARE FOR THE PURPOSE SET FORTH IN THE GRANT AWARD DOCUMENTS. SUPPORTING DOCUMENTATION IS ATTACHED.

AUTHORIZATION:

_____	_____	_____
Authorized Signature for Project	Title	Date
<u>CDBG Program Only</u>		
CDBG Project No: _____	IDIS Activity No: _____	
	Initials Drawn By: _____	
	IDIS Voucher No.: _____	
Reviewed and Approved _____	Date _____	Date Funds Drawn: _____
		Initials Approved By: _____
		Date Rec'd Revenue: _____