

City of Peoria - Community Development Block Grant (CDBG)
REQUEST FOR REIMBURSEMENT

Agency Name: _____ Project Title: _____

Report Qtr. _____ Project #: _____ Reference #: _____ IDIS: _____

Total Reimbursement Requested: \$ - Fiscal Year: _____

BUDGET ITEM DESCRIPTION	Total CDBG Budgeted Item	CDBG Expenditure- this Qtr.	Cumulative CDBG Expenditure	Unexpended CDBG Funds
Contractual/Professional Services (Specify:)				
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
SUB-TOTAL	\$ -	\$ -	\$ -	\$ -
Personnel (Non-Contractual)				
A. Administrative Services (Salaries, Wages & Fringe Benefits)			\$ -	\$ -
A1. Job Title				
B. Program Services (Salaries, Wages & Fringe Benefits)			\$ -	\$ -
B1. Job Title				
SUB-TOTAL	\$ -	\$ -	\$ -	\$ -
Transportation or Delivery Charges				
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
SUB-TOTAL	\$ -	\$ -	\$ -	\$ -
Office Consumable Items				
Stationary			\$ -	\$ -
Postage			\$ -	\$ -
Copying			\$ -	\$ -
Other:			\$ -	\$ -
SUB-TOTAL	\$ -	\$ -	\$ -	\$ -
Other: (Specify:)			\$ -	\$ -
SUB-TOTAL	\$ -	\$ -	\$ -	\$ -
PROJECT TOTALS	\$ -	\$ -	\$ -	\$ -

Certification: I hereby certify that this financial report is true in all respects and that all expenditures have been made solely for the purpose set forth in the application for the grant approved by the City of Peoria.

Signature of Board Member/Executive Director: _____ Date: _____

Signature of Person Completing Report: _____