

City Of Santa Fe Children And Youth Commission
Reimbursement Request Form, Fiscal Year 2013/2014

Program Name: _____ Reimbursement No.: _____

Address: _____ Phone: _____

Email: _____

Cost Category	Approved Budget	Current Request	Payments Received to Date	Budget Balance
1.0 Personnel Services				
2.0 Contractual Services				
3.0 Commodities				
TOTAL				

NOTE: Please attach an invoice and a copy of budget from contract, all bills and invoices along with documentation providing proof of payment for each expense. If the required documentation is not provided, then our office will be unable to process your request for reimbursement. Also, please make sure that all requested items for reimbursement correspond with the line item budget contained in the last page of your contract. If a budget adjustment needs to be made, you may submit a letter of request to the City of Santa Fe, Children and Youth Commission, P.O. Box 909, Santa Fe, New Mexico, 87504-0909.

The City of Santa Fe distributes checks every Friday of each week at 3:00 p.m. Checks not picked up by 3:00 p.m. each Friday are automatically mailed to the above address.

CERTIFIED CORRECT:

Signature & Title

Date

2.0 Contractual Services Schedule

Category	Approved Budget	Current Request	Received to Date	Budget Balance
2.1 Telephone: This expense must be direct service related. Log must be maintained.				\$ -
2.2 Postage: Fund-raising solicitation is an ineligible activity.				\$ -
2.3 Facility Rent: Must provide monthly invoice or lease agreement and canceled check.				\$ -
2.4 Linen and Laundry Service				\$ -
2.5 Building Maintenance and Repair: Building and Improvements				\$ -
2.6 Equipment Maintenance and Repair: Machinery, Equipment or Automobile for Program				\$ -
2.7 Utilities: Water, Electricity, Gas, Refuse and Sewage				\$ -
2.8 Auditing and Bookkeeping				\$ -
2.9 Professional Contractors: Fees to Contractors				\$ -
2.10 Advertising: Advertising for fund-raising-related activities ineligible				\$ -
2.11 Printing and Photocopying				\$ -
2.12 Insurance: Building, Automobile Liability, etc.				\$ -
2.13 Transportation Mileage: \$.25 per mile or stipend. Log must be maintained.				\$ -
2.14 Program Stipends, Scholarships, Admission Fees (Describe)				\$ -
2.15 Other: Describe				\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

3.0 Commodities Schedule

Category	Approved Budget	Current Request	Received to Date	Budget Balance
3.1 Office Supplies				\$ -
3.2 Janatorial Supplies				\$ -
3.3 Food: Food items must be itemized.				\$ -
3.4 Motor Fuel: Includes lubircants if automobile for the program is not serviced by a professional mechanic. Maintenance log must be maintained.				\$ -
3.5 Medical Supplies: Medicine and prescription drugs				\$ -
3.6 Tools: Appratuses and Accessories. Under \$100 each.				\$ -
3.7 Recreation Supplies:				\$ -
3.8: Other: Describe. Includes school supplies, etc.				\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -