

City Of Santa Fe
 Children and Youth Commission/Human Services
 Reimbursement Request Form, Fiscal Year 2016/2017

Grantee Name: _____ Reimbursement No.: _____

Address: _____ Phone: _____

Prepared By: _____ 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 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 corresponds with Exhibit “B” within your contractual agreement. If a budget adjustment needs to be made, you must submit a Budget Adjustment Request Form to the City of Santa Fe - Children and Youth Commission/Human Service Program Manager via email, all forms can be located at www.santafanm.gov/grantee_forms.

The City of Santa Fe distributes funding every Friday of each week at 3:00 p.m., if an ACH Direct Deposit form is not filled out a check will be 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.				
2.2 Postage: Fund-raising solicitation is an ineligible activity.				
2.3 Facility Rent: Must provide monthly invoice or lease agreement and cancelled check.				
2.4 Linen and Laundry Service: This expense must be direct service related.				
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 are ineligible				
2.11 Printing and Photocopying:				
2.12 Insurance: Building, Automobile Liability, etc.				
2.13 Transportation Mileage: \$.46 per mile (rate as of 2016) or stipend. Log must be maintained.				
2.14 Program Stipends, Scholarships, Admission Fees				
2.15 Other: (Attach Description)				
TOTAL				

3.0 Commodities Schedule

Category	Approved Budget	Current Request	Received to Date	Budget Balance
3.1 Office Supplies: (Attach Description and/or Receipt)				
3.2 Janitorial Supplies: (Attach Description and/or Receipt)				
3.3 Food: Food items must be itemized. (Attach Receipt)				
3.4 Motor Fuel: Includes lubricants 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 (Attach Receipt or Provider Invoice)				
3.6 Tools: Apparatuses and Accessories. Under \$100 each. (Attach Description and/or Receipt)				
3.7 Recreation Supplies: (Attach Description and/or Receipt)				
3.8 Other: Includes school supplies, etc. (Attach Description and/or Receipt)				
TOTAL				