



Donated Funds Initiative-Request for Reimbursement

Provider Name: _____	Report Month: _____
Address: _____	Prepared By: _____
Agreement Number: _____	Telephone: _____
FEIN: _____	E-mail: _____

Line Items	Contract Approved Budget @ 100%	Actual Monthly Expenditures @ 100%	Year to Date Expenditures @ 100%	Balance @ 100%
A. Personal Services				
Salaries				
Payroll Taxes				
Other Benefits				
Contractual				
B. Consumables:				
Supplies				
Printing				
Postage				
C. Occupancy:				
Rent				
Utilities				
Building Maintenance				
Telephone				
D. Miscellaneous:				
Staff Travel				
Equipment Maintenance				
Depreciation				
Conferences, Meetings, etc.				
Liability/Other/Insurance				
Management & General				
E. Other (Specify):				
Total Expenditures				



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(Include any in-kind expenses in line items above. Line item transfers may occur without a budget amendment if the cumulative amount transferred is 10% or less of the line item to which the transfer is made.)

Provider certifies that the amounts shown on this invoice (1) are true and correct, (2) have not been falsified, inflated or otherwise improperly represented, (3) have been used only for the purposes set forth in the Community Services Agreement between Provider and IDHS, (4) are allowable in accordance with State and Federal laws and regulations, and (5) have not been submitted for payment to any other State agency or entity.

This certifies that the 25% match consisting of \$ _____ cash and a value of \$ _____ in-kind required to receive 75%, \$ _____ federal reimbursement (75% of total actual monthly expenditures above) has been received by our agency and is accounted for through our fiscal system.

(Note: The 25% cash and in-kind match plus the 75% amount should equal the 100% total actual monthly expenditures.)

Authorized Signature (Required): _____

Date: _____