

**REIMBURSEMENT REQUEST PAYMENT FORM
2017 Emergency Solutions Grant**

Agency: _____

Project #: _____

Type:	Account #	Requested	Requesting Reimbursement for:
Emergency Shelter		\$	
Homeless Prevention		\$	
Rapid Rehousing		\$	
HMIS		\$	
Payment Total		\$	

**Please double side all documentation attached to this reimbursement request

Certification - I certify that to the best of my knowledge and belief, the billed costs are in accordance with the terms of the project contract and that the reimbursement request represents the federal share due which has not been previously requested and that this request for funds in accordance with actual expenditures.

Authorizing Signature: _____

Date: _____