

**REIMBURSEMENT REQUEST PAYMENT FORM**  
**2022 Emergency Solutions Grant**

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

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

This form and all supporting documentation must be submitted through the Neighborly Portal.

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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: \_\_\_\_\_