**REIMBURSEMENT REQUEST FORM**

**From: To: Serve*Wyoming***

**FROM:**

Grant Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. 14AFHWY001000#)

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax: 307-234-3438**

**Scan/Email:**

**allison@servewyoming.org**

Period Claiming For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Claim: YES □ NO□

1. CNCS Expenses (Section I + II) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Corporation Fixed % (Line 1\*.0316) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A you do not have CNCS funds budgeted in Section III)

3. Commission Fixed Amount (Line 1\*0.021) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4. Amount To Be Reimbursed (Lines 1 + 2) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total Grant Award $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Less: Previous Total CNCS Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub-Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Less: Amount of Total CNCS Funds **(Lines 1+2+3)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Balance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:** Account: AC Grant Class: AC Grantee Formula 2021-2022

***Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the Grant award.***

Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ And/Or

Financial Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

*Commission Use Only*

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Reviewed against OnCorps Periodic Expense Report and 2% Form (Google Doc) by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ *APPENDIX T*