

**COUNTY OF RIVERSIDE
HOUSING &
WORKFORCE SOLUTIONS
REQUEST FOR REIMBURSEMENT**

PROJECT NUMBER: _____

DATE OF REQUEST: _____

PROJECT NAME: _____

PROJECT SPONSOR: _____

MAILING ADDRESS: _____

REQUEST FOR REIMBURSEMENT NUMBER: _____

PERIOD COVERED BY REQUEST: _____ THROUGH _____

PHONE NUMBER: _____ CONTACT PERSON: _____

Column 1	Column 2	Column 3	Column 4	Column 5
Total Grant/Loan Amount	Current Reimbursement*	Prior Reimbursement	Total Cumulative Reimbursement	Grant/Loan Balance

I CERTIFY THAT, (a) the County of Riverside, HWS, has not previously been billed for the costs covered by this invoice, (b) the reimbursement request has not and will not be reimbursed from other Agencies (c) the Project sponsor is in full compliance with all applicable provisions under the terms of the County Agreement; and (d) all information stated herein, as well as any information provided in any accompaniment herewith, is true and accurate. In the event that the funds provided exceed the amount allotted or required, any excess Funds will be promptly returned.

PREPARED BY:

APPROVED BY:

Date:

(original signature)

(original signature)

Name, Title

Name & Title of Authorized Signatory (type or print clearly)

*** A detailed breakdown of costs expended must be attached to each Request for Reimbursement.**