

COUNTY OF RIVERSIDE HOUSING AND WORKFORCE SOLUTIONS
U.S. Department of Housing and Urban Development
Continuum of Care Homeless Assistance Programs

Grant No. _____ Claim No. _____

Prepared by _____ Tel # / ext. _____

Payee Name _____
 (Agency) _____ (Tax ID or SSN) _____

Address _____
 (Street) _____ (City) _____ (State) _____ (Zip) _____

Line		Line		Line	
<u>Item</u>	<u>Activity</u>	<u>Item</u>	<u>Activity</u>	<u>Item</u>	<u>Activity</u>
1010	Acquisition	1040	Rental Assistance	1062	COC Planning
1020	Rehabilitation	1050	Supportive Services	1100	Leasing
1021	New Construction	1051	HMIS		
1030	Operating Cost	1060	Administrative Cost		

Date(s) of Service: _____

For County Use Only

Line Item	Activity	Program Income Received	Program Income Spent	Cash/In-Kind Match	Amount Billed	Amount Paid
TOTAL						

PLEASE NOTE: All source documents and proof of payment have been attached. These source documents include invoices (not billing statements), payroll registers, receipts and contracts. Proof of payment is herein attached in the form of copies of checks or warrants.

I declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: _____ Date of Request: _____

For County Use Only

Purchase Order #: _____ **Invoice #:** _____

If amount authorized is different from amount requested, please see attached claim recap for adjustments.

Program: _____ **Date:** _____

Fiscal: _____ **Date:** _____