



Youth Assessment Center - Limited Longevity Support Request for Reimbursement

Project Name: _____

Subrecipient: _____

Project Number: _____

Funds are hereby requested in the amount of \$ _____

For the period of _____, _____
Month Day Year

Date Paid	Payee(s) Combine Payees If More Than One In A Category	Amount Paid	Category
		\$	Personnel
		\$	Consultant
		\$	Travel
		\$	Equipment
		\$	Other

Summary of Attached Copies Must Equal Amount of Request

I hereby certify that the amount requested is documented by the attached expenditure copies.

Project Director's signature Date

Financial Officer's signature Date