

COST REIMBURSEMENT REQUEST

Reservation/Rancheria Name

Address

Contact Person & Title

Contact Telephone & FAX Number

Contact Email

The following expenses/costs have been incurred and are supported by attached documentation in accordance with the terms of the Memorandum of Agreement (MOA) #: _____

Cost Category	MOA Authorized Budget:	Prior Reimbursement (If any):	Current Reimbursement Request:	TOTAL:	MOA Budget Remaining:
Personnel: Salaries/Wages:					
Fringe Benefits:					
Total Personnel:					
Non-Personnel: Travel:					
Space Cost (Rental):					
Consumable Supplies:					
Equipment Lease/Purchase:					
Consultant Services:					
Contract Services:					
Subcontractors:					
Other Costs:					
Total Non-Personnel:					
TOTAL:					

I understand the Client Services and Contacts Report Form must be filed with this request and failure to include said report will cause a delay in receiving the requested reimbursement:

AUTHORIZED SIGNATURE ONLY

Printed Name & Title

Date

FOR NCIDC USE ONLY:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Authorized By: _____ Date: _____	Amount Paid: _____ Date: _____
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