CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR)

USE THIS FORM FOR GOS, PROJECT, AND ARTS EDUCATION GRANTS

REQUEST FOR REIMBURSEMENT FORM

Please provide all the required information and sign the form prior to submitting.

REQUIRED GRANTEE INFORMATION

Enter information exactly as it appears on the GCA contract

GCA Contract Number: FY_____-_____ Is the following a new address? ☐ Yes ☐ No
(found at the top of your contact)

Organization Legal Name: _____

Contact Person: _____

Mailing Address: _____ City: _____ ZIP: _____

Physical Address: _____ City: _____ ZIP: _____

Phone 1: _____ Phone 2: _____

Email: _____ Website: _____

Please make sure the address above and the address entered in GA@Work match. If your address or banking information has changed, please update the grant recipient address or banking information in GA@Work prior to submitting this Contractor's Request for Reimbursement form. If you have not accessed your account in GA@Work, see the Grant Management Handbook for details.

REQUEST CALCULATIONS

Reporting Period: *The dates in which expenses were incurred (M/D/YYYY)* From: _____ To: _____

Is this CRR the final request submitted with the Final Report: ☐ Yes ☐ No

Follow the instructions for each line to determine the amount allowed for reimbursement

1. Funding amount awarded in contract: $ _____
2. Total receipts submitted with reimbursement request: $ _____
   - *All CRR Forms must be submitted **with receipts** that equal the total in line 2. Please list receipts in the chart on the next page.*
   - *Receipts must represent eligible expenses incurred during the performance period of the grant.*
   - *Receipts must include the name of the payee, date of payment, amount, and purpose of payment.*
3. Reimbursement request amount: $ _____
   - *For Project or Arts Education Grants, the request amount in line 3 may not exceed 66% of the total receipts listed in line 2.*
   - *For GOS Grants, the request amount in line 3 may not exceed 50% of the total receipts listed in line 2.*
   - *Organizations may request only up to 90% of the total grant amount in line 1 prior to filing the Final Report.*
   - *The final 10% of the total grant amount should be requested when the Final Report is submitted.*

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Please complete the table below with the required information provided for each receipt submitted with this form. If the number of receipts exceeds the space provided, please provide a worksheet in Excel or Word with the required information about each receipt.

Date	Payee	Amount	Purpose of Expense
			Total Receipts

I certify that the above statements are true and correct to the best of my knowledge and belief.

REQUIRED SIGNATURE OF AUTHORIZATION: _____

Name: _____ Title: _____ Date: _____

This document must be signed in by one of the two authorized officials who are listed in the original grant application form or the most recent Change of Information form. Completed forms must be e-mailed to Delilah Johnson at gcaforms@gaarts.org unless it is a request for the final payment. Final payment requests must be attached to the final report.

Please note: It may take up to eight weeks to receive a payment after submitting a CRR.

FOR GCA ADMIN USE ONLY

Approved by Grant Specialist	**Approved by Grant Program Manager**	**Approved by Executive Director**
Signature:	Signature:	Signature:
_____	_____	_____