CHCF FORM FOR REIMBURSEMENT

NOTE: In order to be eligible for reimbursement your organization must have signed and submitted a copy of your original grant award letter with conditions. Please check your files before you submit this form. **Copies of this blank form may be made for more than one reimbursement.**

1.Your Grant number: _____
2.Amount of your total grant award:_____
3.Current balance of your award: _____
4. Name of your Organization:_____
5. Correct Mailing Address of Organization for this reimbursement:

_____
Individual's name & Organization's name

_____
Street or PO Box

_____ _____ _____
City state zip

6. Name and phone number of person preparing this submittal:
_____ (208) _____
Name phone

7. Date of this submission: _____

8. Costs your organization *has paid* and is submitting for reimbursement .

- **Please attach a copy of invoices and receipts listing the items purchased that were previously approved through your grant. *NOTE: Only those items approved in the grant can be considered for reimbursement.***
- **Attach a copy of the front and back of each CANCELLED check in payment of the invoices listed above.**
- **Total the invoices and the checks to show agreement.**

9. Itemize the following:

- **Check (s) # _____ issued for :_____(invoice #)**
  (check number and invoice number must correspond!)
- **Check (s) issued to whom: _____(name of business)**
- **TOTAL amount that CHCF should reimburse your organization:**
  _____ (Note: totals should agree with those in item 8 above).

- **My organization had included other monies in our application that were needed for this grant award. __ yes ___no List those monies received and show evidence of the funds received (must be attached)**

10. Send this completed form and attachments to:

CHC Foundation, Inc.
ATT: Janie Walker, administrator
PO Box 1644
Idaho Falls, Idaho 83403