

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 or can be printed from our website <https://www.chcfoundation.net>

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

Individual's name & Organization's name

Street or PO Box

_____ email: _____

_____ City _____ state _____ zip

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

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. NOTE: you may have to ask your bank for the back of the check. But CHCF must see that the check has cleared not just been written!
- Total the invoices and the checks to show agreement.

9. Itemize the following:

- Check (s) # _____ issued for : _____ (invoice #)
(check # 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).

NOTE: if you have used a charge card or debit card you must include documentation that shows that the charge has been paid. This could be your paid statement from the charge company (VISA, MASTERCARGE, etc) and /or your bank statement showing the charge has been paid.

10. Your 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).

11. Is this your final reimbursement request for this grant? _____

12. **If this is your final reimbursement please include a CD or flash drive with photos of your completed project OR they may be emailed to : chcfoundation@qwestoffice.net**

The photos are used as a final reporting for your project to the CHCF board of directors as well as for possible posting on CHCF 's website! Yes, I have included and CHCF may use in publicity. Please show no faces of children for privacy! **IMP Please include one picture that identifies your organization and location.**

Send this completed form and attachments to: CHC Foundation, Inc.
ATT: Ashlie Voigt, Administrator PO Box 1644, Idaho Falls, Idaho 83403