



KITSAP COUNTY
REIMBURSEMENT REQUEST

DEPARTMENT OF HUMAN SERVICES

614 Division Street, MS - 23
 Port Orchard, WA 98366

Organization: _____

Contact Person: _____

Contract Number: **KC -** _____ INVOICE #: _____

Address: _____

Email: _____

Program/Project Title: _____
 (For this Contract's Funding)

Phone Number: _____

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIODS OF (DATES): FROM: _____ TO: _____

Cost Category	Grant Funding Source (HHGP, AHGP, COVID-19)	Budget Awards	New Adjusted Budget (If Contract Amendment)	This Request	Cum to Date Including This Request	Award Balance
Case Management -- Salaries & Benefits						
Case Management -- Travel/Training/Supplies						
Program Operations -- Salaries & Benefits						
Program Operations -- Supplies & Equipment						
Program Operations -- Other Program Expenses						
Program Operations -- Client Direct Services						
Program Operations -- Rental Assist./Subsidy						
Program Operations -- Program Admin Exp.						
Program Operations -- Program Indirect						
Building O&M -- Salaries & Benefits						
Building O&M -- Other Expenses						
Hotel/Motel Vouchers						
Diversion Program						
Other Expenses (defined in contract)						
TOTAL COSTS						

Recipient must provide substantiated documents to the extent required in the grant contract, upon demand.

I, THE UNDERSIGNED, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED, THE LABOR PERFORMED AS DESCRIBED HEREIN, AND THAT THE CLAIM IS JUST, DUE AND UNPAID OBLIGATION AGAINST THE COUNTY OF KITSAP AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY SAID CLAIM.

Recipient's Signature _____
 Date: _____

Housing and Homelessness Division, Kitsap County Human Services
 Date: _____

