

REQUEST FOR REIMBURSEMENT MAYOR'S AFTER-SCHOOL ACHIEVEMENT PROGRAM

AGENCY NAME: _____ REPORT NUMBER: _____

ASAP SITE: _____ REPORT PERIOD: _____

	A	B	C	D
CATEGORY	Amount Budgeted	Previous Amount Billed	Amount Billed this Period	Account Balance
Salaries				
Benefits				
Contracts/ Instructors				
Supplies				
Admin.				
Other				
TOTAL				

A - B - C = D

Required Attachments:

Documentation for expenses incurred during this report period. Acceptable documentation is as follows:

- Salaries:** ASAP Staff Provision Forms, copies of timesheets, payroll check and/or payroll register for each employee.
- Benefits:** Evidence of the benefit costs incurred for each employee.
- Contracts/
Instructors:** Copies of contract, Instructor Provision Forms, invoices and checks paid for each contract.
- Supplies:** Copies of actual receipts for items purchased, copies made, etc.
- Admin:** Applicable and relevant documentation. Expenses not to exceed a total of 10% of total budget.
- Other:** Mileage Log (for non-profits only) and any invoice or receipt sufficient to document the expense.

Certification:

By executing this Official Government Document, the undersigned represents that the information submitted above is true and correct and acknowledges that falsification of this document may be a violation of State and/or Federal law resulting in possible criminal and/or civil penalties.

Prepared by: _____ **Date:** _____

Authorized by: _____ **Date:** _____

ASAP Coordinator: _____ **Date:** _____

Director's Approval: _____ **Date:** _____