



REIMBURSEMENT REQUEST CONT.

Grant Number: _____ Request Number: _____ Date: _____

CCCHP Grant Share (Please attach backup documentation)

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
<i>a. Roofing Materials</i>	\$10,000.00	\$4,000.00	\$1,000.00	\$5,000.00
Total				

Match (Please attach backup documentation)

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
<i>a. Roofing Labor</i>	\$5,000.00	\$0.00	\$1,000.00	\$4,000.00
Total				