

KITSAP COUNTY REIMBURSEMENT REQUEST

<b>DEPARTMENT OF HU</b> 614 Division Street, MS - 23			Organization:	
Port Orchard, WA 98366			Contact Person:	
Contract Number:	KC -	INVOICE #:	Address:	
			Email:	
Program/Project Title:			Phone Number:	

(For this Contract's Funding)

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

	Grant Funding Source	Budget	New Adjusted Budget	This	Cum to Date	Award
Cost Category	(HHGP, AHGP, COVID-19)	Awards	(If Contract Amendment)	Request	Including This Request	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						

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

I, THE UNDERSGINED, 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



Department of Human Services

## Housing and Homelessness Program Grant Reimbursement Request Summary Statement of Expenses - Extended

Organization Name:	Contract #:	Invoice #:
1. Statement of Work Performed:		

## 2. Summary of Expenses:

Cost Category	Vendor	Expenditure Date	Amount

Cost Category	Vendor	Expenditure Date	Amount

Cost Category	Vendor	Expenditure Date	Amount
Total			

## 3. Guarantee:

I certify that the statement of work performed above is true and accurate and that the expenses listed above were expended on the project identified in the project budget application and referenced in the contract listed above. I certify that the documentation of these allowable expenses is on file with the agency listed above, and is available for review or request by Kitsap County at any time.