



CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR)

REQUIRED GRANTEE INFORMATION *Enter information exactly as it appears on the GCA contract*

GCA Contract Number (found at the top of your contract): **FY20-** _____

Organization Legal Name: _____

Contact Person Name: _____ **Title:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Ext.:** _____ **Email:** _____

Please make sure the check address and vendor form address match

REQUEST CALCULATIONS

Is this CRR the final request submitted with the Final Report? Yes No

Follow the instructions for each line to determine the amount allowed for reimbursement.

1. Funding Amount Awarded in Contract: \$ _____

2. Actual expenses incurred for the contract to date: \$ _____

3. Request Amount: \$ _____

- The request for reimbursement (Line #3) may not exceed 50% of the expenses listed in Line #2
- Organizations may request only up to 90% of the Total Contract Amount prior to filing the Final Report.
- The final 10% of the Total Contract Amount should be requested when the Final Report is filed.

GCA ADMINISTRATIVE USE ONLY:

Department: _____ **Fund:** _____ **PO:** _____

Program: _____ **Fund Source:** _____ **Vendor:** _____

Account: _____ **Project:** _____ **Balance:** _____ **Class:** _____

Signature: _____ **Date:** _____

This document must be signed by one of the two authorized persons who signed the original grant application form or the most recent Change of Information Form. "I certify that the above statements are true and correct to the best of my knowledge and belief."

REQUIRED SIGNATURE of AUTHORIZATION: _____

Name: _____ **Title:** _____ **Date (mm/dd/yyyy):** _____

*Completed forms must be e-mailed to [Fgltwj 'Laj puqp/Dt qy p at fdtqyp@gaarts.org](mailto:fdtqyp@gaarts.org) or attached to the final report.
This form is available online at: www.gaarts.org*