

## CONTRACTOR'S REQUEST FOR REIMBURSEMENT (CRR) Use this form for Partner, Project and Arts Education Program Grants

REQUIRED GRANTEE INFORMATION Enter information exactly as it appears on the GCA contract					
GCA Contract Number (found at the top of your contract):FY -					
Organization's Legal Name:					
Organization's Alternate Name:					
Contact Person Name:		ŗ	Title:		
Mailing Address:		City:		Zip:	
Phone:]	ExtEmail:	:			
Please make sure the address above and vendor form address match					
REQUEST CALCULATIONS Is this CRR the final request submitted with the Final Report? Yes \( \subseteq \text{No} \subseteq \) Follow the instructions for each line to determine the amount allowed for reimbursement.					
1. Funding Amount Aw	varded in Contract:	<u>\$</u>		_	
2. Actual expenses incurred for the contract to date: \$					
3. Request Amount:		\$		-	
<ul> <li>The request for reimbursement (Line #3) may not exceed 50% of the expenses listed in Line #2</li> <li>Organizations may request only up to 90% of the Total Contract Amount prior to filing the Final Report.</li> <li>The final 10% of the Total Contract Amount should be requested when the Final Report is filed.</li> </ul>					
GCA ADMINISTRATIVE US	SE ONLY:				
Department:	Fund:		PO:	_	
Program:	Fund Source: _		Vendor:		
Account:Proje	ect:	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:	Γ	ate (mm/dd/yyyy)	:	

Completed forms must be e-mailed to Fghrej 'Laj puqp/Dt qy p at fdt qy p@gaarts.org or attached to the final report.

This form is available online at: www.gaarts.org