

PLEASE SUBMIT REIMBURSEMENT ON
COMMUNITY LETTER HEAD

CDBG-_____-_____/_____/_____ **\$** _____,_____._____
COMMUNITY **DATE** **TOTAL AMOUNT OF**
ABBREVIATION **FUNDS REQUESTED**

Mike Pucher-Contract Compliance Supervisor
Oakland County Neighborhood & Housing Development Division
Oakland Pointe, Suite 1900
250 Elizabeth Lake Road
Pontiac, Michigan 48341-0414

RE: Request for Reimbursement

The _____ is requesting reimbursement of CDBG funds
NAME OF CITY, TWP OR VILLAGE

in the amount of \$ _____ for the following project.

GRANT YEAR	ACCOUNT #	ACCOUNT NAME	AMOUNT	BALANCE
			\$	\$
			\$	\$
			\$	\$

♦ **PLEASE SUBMIT SEPARATE REIMBURSEMENT REQUEST FOR EACH PROJECT**

Please make checks payable to : _____
TREASURER CITY, TWP OR VILLAGE

ADDRESS

Sincerely,

SIGNATURE & TITLE

Phone: _____

Email: _____

I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.