CLIENT SERVICES & COST REIMBURSEMENT REQUEST

|  |  |
| --- | --- |
| **Recipient Name:** |  |
| **Address:** |  |
|  |  |
| **Contact Person:** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |
| **FAX Number:** |  |

**CLIENT SERVICES SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. MOA #**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **2. MOA Amount**  **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **3. MOA Term Dates:**  **From:**  **Thru:** | **5. Service Codes Number,**  **Actual Number of Clients and Households Served,** | | |
| **4. IDENTIFIED NEED/PROBLEM, GOAL**  **AND SUBCATEGORY SERVICES** | | | **a** | **b** | **c** |
| **Service**  **Code**  **Number** | **Actual #**  **Of Clients Served** | **Actual #**  **Of Households Served** |
| **TRIBAL SERVICES**: *(Provide a Brief Description of Project Activities)* | | | (NCIDC USE ONLY) |  |  |
| **6.** Actual Number of Volunteers  (Enter “0” if none.) | | | B3A1 | # of Volunteer Hours: |  |

#### COST REIMBURSEMENT SECTION

##### The following expenses/costs have been incurred and are supported by attached documentation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1. MOA EZ**  **Authorized**  **Budget** | **2. Prior**  **Reimbursement**  **(if any)** | **3. Current**  **Reimbursement**  **Request** | **4. TOTAL** | **5. MOA EZ**  **Budget**  **Remaining** |
| TOTAL |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature |  | ***Date*** |
|  |  |  |
| Printed Name & Title of Person Signing |  |  |

**FOR NCIDC USE ONLY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Approved | Authorized by: |  | Amount Paid: |  |
|  | Denied | Date: |  | Date: |  |