



## First 5 San Mateo County Reimbursement Request Form

(For instructions on how to complete Reimbursement Request Form, see your F5SMC Grantee Handbook)

<b>Agency Name:</b>		(Circle)	<b>Month</b>	<b>Quarter</b>
<b>Program/Project Name:</b>			Jul - Aug - Sep	<input type="checkbox"/> 1st Qtr.
<b>Agreement No.</b>			Oct - Nov - Dec	<input type="checkbox"/> 2nd Qtr.
<b>Fiscal Year:</b>			Jan - Feb - Mar	<input type="checkbox"/> 3rd Qtr.
<b>Reporting Monthly/Quarterly:</b>	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY		Apr - May - Jun	<input type="checkbox"/> 4th Qtr.
<b>Advance Received:</b>	If yes, how much:	Final Report: <input type="checkbox"/>		
<b>Current Reporting Period:</b>	From: _____ To: _____	(Check if Final Report for the Fiscal Year)		

BUDGET CATEGORY	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
<b>I. PERSONNEL</b>							
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
Benefits @ _____ %	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Personnel</b>	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	

II. OPERATING EXPENSES	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
A. Rent and Utilities	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
B. Office Supplies and Materials	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
C. Telephone/Communications	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
D. Postage/Mailing	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
E. Printing/Copying	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
F. Equipment Lease	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
G. Travel	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
H. Training/Conference	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	



## First 5 San Mateo County Reimbursement Request Form

(For instructions on how to complete Reimbursement Request Form, see your F5SMC Grantee Handbook)

I. Consultants (itemize):	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
J. Subcontractors (itemize):	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
K. Other (itemize):	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

III. CAPITAL EXPENDITURES	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	

IV. INDIRECT COSTS	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative <i>Explanation for all overspend and underspend. Attach separate sheet if needed</i>
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	
<b>Subtotal - Indirect Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	



## First 5 San Mateo County Reimbursement Request Form

*(For instructions on how to complete Reimbursement Request Form, see your F5SMC Grantee Handbook)*

V. TOTAL PROGRAM COSTS	Approved FY Budget	Current Expenditures	Past Expenditures	Total YTD Expenditures	Percent Expended YTD (%)	Balance Remaining	Narrative: Explanation for all overspend and underspend. Attach separate sheet if needed
Total of sections I - IV	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	

I, a duly authorized signatory for the applicant, certify that the data reported above is correct and all spending is in accordance with the approved contract and that the amount of the request is not in excess either of current needs, or cumulatively for the total approved contract.

Agency Fiscal Staff Name (please print)	Signature	Date
--	-----------	------

Agency Program Staff Name (please print)	Signature	Date
---	-----------	------

**NOTES:**

*Mail signed Reimbursement Form to:*

**First 5 San Mateo County  
Attn: F5SMC Program Specialist  
1700 S. El Camino Real, Suite 405  
San Mateo, CA 94402 - 3050**

*Electronic Copy must also be submitted to:*

**First 5 San Mateo County Program Specialist**