



Forward Focus Business Grant Reimbursement Request

To: Lianna Adatao, Program Coordinator
(ladatao@danville.ca.gov)
510 La Gonda Way, Danville, CA 94526

Grantee Name(s): _____

Business Name: _____

Phone:	Email:
Address:	

Invoice/ Receipt #	Date	Vendor	Brief Description	Amount of Invoice/Receipt

TOTAL PAID COSTS: \$

Minus 25% \$

TOTAL REIMBURSEMENT (75% of eligible costs)
(NOT TO EXCEED MAXIMUM GRANT AWARD or CATEGORY LIMITS) \$

Complete this form, combine all paid invoices/receipts and supporting documents to substantiate reimbursable costs and submit all the documents with each reimbursement request. All itemized receipts and paid invoices should clearly detail: (a) the vendor's name, address and telephone number; (b) the form of payment (cash/credit/copy of cancelled checks); (c) the amount of item(s) or service; (d) totals paid; (e) date of purchase; and (f) description of items or services purchased. If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.

- NOTE: (1) Reimbursement requests will not be processed without this completed form and copies of receipts/paid invoices/cancelled checks.
(2) Funding requests are processed in the order in which they are received.
(3) Processing times may take 3 to 4 weeks, excluding weekends.
(4) Incomplete submissions (missing receipts/unpaid invoices/poorly documented receipts/invoices/missing copy of cancelled checks) will either delay processing and will be returned to you for more information or will not be reimbursed.*

Date: _____

Signature: _____