



**The City of San Diego  
City Council  
Community Project, Programs and Services (CPPS)**

**REQUEST FOR REIMBURSEMENT PAYMENT INSTRUCTIONS**

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Please follow the directions carefully. If you have any questions, please call Courtney Thomson, Grants Coordinator/Contract Administrator at (619) 236-5918.

1. Fill out the organization name, telephone and fax number, the name and signature, and title of person completing form.
2. Fill out the **Request Period**. The Request Period is the period in which the reimbursement for expenses incurred.
3. Fill out the **CPPS FY 20\_\_ Contract Allocation** column (A). Please refer to your Contract Agreement for total amount of contract.
5. Fill out the **CPPS Payments To Date** column (B). This column indicates how much the City has paid up to this request period.
6. Fill out the **CPPS Payment Requested** column (C). This column indicates the amount that is being requested for reimbursement for this period.
7. Fill out the **Request for Payment Budget Details**. These are the exact expenses which will be reimbursed. Please provide the check number, date of when the check was written, who the check was made out to, the amount and the classification code letter. (\* See Note Below)
8. Authorized signatory must **Sign** and **Print** their name. Please include the telephone number and extension.
9. Mail Request for Reimbursement Payment form and all required backup documentation to the following address:

Council Administration  
ATTN: Courtney Thomson  
202 C Street, MS 10A  
San Diego, CA 92101

**\* NOTE:** *The Contractor will be required to submit to the City copies of invoices and canceled checks/bank statements as proof of incurrence and payment of expenses. Be sure to keep a COPY of your "Request for Reimbursement Payment" on file.*



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**REQUEST FOR REIMBURSEMENT PAYMENT BUDGET DETAILS**

**Wages (W):** This should include, but is not limited to executive directors, business managers, marketing directors, development staff, clerical etc. all which are on the organization's payroll.

**Benefits (B):** Cost of dental, health insurance, 401(K), incentives, etc.

**Contractual Services (C):** Contract for service expenses such as consulting fees or other services provided to the organization by a subcontractor.

**Facility/Space Rental (F):** Rental of office, rehearsal facilities, theater, hall, gallery, etc. and overhead for basic. Also include non-structural renovations and improvements. Do not include capital expenditures.

**Marketing (M):** Marketing, publicity and promotion (not including payments to personnel) newspaper, radio and television advertising; food, drink and space rental when directly connected to publicity or advertising.

**Support Materials (S):** Office supplies, printing and mailing of brochures, flyers or posters, postage, etc.

**Other (O):** Includes liability insurance, yearly audits, miscellaneous administrative expenses not covered above, and Capital Improvements. **Please specify!**