



**THE CITY OF SAN DIEGO  
CITY COUNCIL ARTS, CULTURE AND COMMUNITY FESTIVALS (ACCF)  
REQUEST FOR REIMBURSEMENT PAYMENT**

Organization: \_\_\_\_\_ Request Period: \_\_\_\_\_  
Month - Month/Yr.

Mailing Addr. \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fiscal Year Ends: **June 30, 2015**

Person Completing Form/Title: \_\_\_\_\_

**\*\*PAYMENT REQUESTED DETAILS: Complete form on the reverse side.\*\***

Expense Classification Number	EXPENSE CLASSIFICATION	ACCF FY 2015 Contract Allocation (A)	ACCF Payments to Date (B)	ACCF Payment Requested (C)
	<b>PERSONNEL EXPENSES</b>			
1	Artists (all disciplines)			
2	Entertainment			
3	Administrative			
4	Event Organizer			
5	Technical/Production			
6	Security/Cleaning			
7	Other (specify)			
	<b>Personnel Expenses Subtotal</b>	\$ -	\$ -	\$ -
	<b>OPERATING EXPENSES</b>			
8	Facility Expense (Rent, Util's, Etc.)			
9	Marketing/Publicity			
10	Materials/Supplies			
11	Other (Specify)			
	<b>Operating Expenses Subtotal</b>	\$ -	\$ -	\$ -
	<b>TOTAL</b>	\$ -	\$ -	\$ -

**AUTHORIZATION**

Under penalty of perjury under the laws of the State of California, I certify and understand that I am responsible for the completeness and accuracy of the information on this Request for Reimbursement form and that all information provided is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone No. \_\_\_\_\_

<b>City of San Diego to Complete This Section</b>	
Approved: _____	Date: _____
City of San Diego, Originating City Council Office	
Approved: _____	Date: _____
City of San Diego, City Council Administration	



## EXPENSE CLASSIFICATION CODE NUMBERS

### PERSONNEL EXPENSES

- 1 - Artists
- 2 - Entertainment
- 3 - Administrative
- 4 - Event Organizer
- 5 - Technical/Production
- 6 - Security/Cleaning
- 7 - Other (specify)

### OPERATING EXPENSES

- 8 - Facility/Space Rent
- 9 - Marketing/Publicity
- 10 - Material/Supplies
- 11 - Other (specify)

### REQUEST FOR REIMBURSEMENT PAYMENT BUDGET DETAILS

Please provide details on expenditures for which City funds are going for reimbursement. Use code numbers shown above to classify expenditures, and group the same expense codes number together. Sum the total of each expense code in the Expense Code Total.

The expense codes should correspond to the Budget Summary in your Agreement.

Check Number	Date	Vendor	Amount	Expense Code	Expense Code Total

PLEASE complete and return with back-up documentation for processing to:

**Originating Council Office  
 (Specify which Council District)  
 City of San Diego  
 202 C Street, MS-10A  
 San Diego, CA. 92101**

**PLEASE SUBMIT JUST ONE (1) COPY**  
 Copy this side (blank) if additional pages are needed