



**THE CITY OF SAN DIEGO  
CITY COUNCIL COMMUNITY PROJECT, PROGRAMS AND SERVICES (CPPS)  
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	CPPS FY 2015 Contract Allocation (A)	CPPS Payments to Date (B)	CPPS Payment Requested (C)
<b>PERSONNEL EXPENSES</b>			
Wages (W)			
Benefits (B)			
Contractual Services (C)			
<b>Personnel Expenses Subtotal</b>	\$ -	\$ -	\$ -
<b>OPERATING EXPENSES</b>			
Facility Expense (Rent, Util's, Etc.) (F)			
Marketing (M)			
Support Materials (S)			
OTHER (Specify) (O)			
<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: _____ City of San Diego, Originating City Council Office	Date: _____
Approved: _____ City of San Diego, City Council Administration	Date: _____



**EXPENSE CLASSIFICATION CODE LETTERS**

**PERSONNEL EXPENSES**

W - Wages  
 B - Benefits  
 C - Contractual Services

**OPERATING EXPENSES**

F - Facility Expenses (Rent,Util, Etc.)  
 M - Marketing  
 S - Support Material  
 O - Other (Specify)

**REQUEST FOR REIMBURSEMENT PAYMENT BUDGET DETAILS**

Please provide details on expenditures for which City funds are going for reimbursement. Use code letters shown above to classify expenditures, and group the same expense codes letter 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  
 City of San Diego  
 202 C Street, MS-10A  
 San Diego, CA. 92101**