



**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: \_\_\_\_\_

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

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

Expense Classification Number	EXPENSE CLASSIFICATION	ACCF FY _____ 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. \_\_\_\_\_

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