



**COUNCIL OFFICE FUNDING PROGRAM: ACCF & CPPS  
REQUEST FOR REIMBURSEMENT PAYMENT FORM**

Organization: \_\_\_\_\_

Project/Program/Service: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

**Type of Funding Program**

Arts, Culture And Community Festivals (ACCF)

Community Projects, Programs And Services (CPPS)

**Request Details**

|  |  |
|--|--|
| Total Project/Program/Service Award:   |  |
| Total Request Amount/Payment Requested:  |  |
| What number request is this?<br><i>Multiple RFRP Form submission is permissible.</i> |  |

**Authorization**

An authorized signatory is to sign and print name, date, and title.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**City of San Diego Council Administration staff only:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*City of San Diego, Director of Council Administration*

Vendor Number: \_\_\_\_\_ Comptroller Certificate: \_\_\_\_\_

Goods Receipt: \_\_\_\_\_ Material Document: \_\_\_\_\_

Check Encashment/Transfer Date: \_\_\_\_\_ Check Number: \_\_\_\_\_

| <b>Date of Payment</b><br><i>Date pmt was made mm/dd/yyyy</i> | <b>Vendor or Employee Name</b><br><i>Enter who received payment (name of business, organization, independent contractor, employee name, etc.)</i> | <b>Expense Amount</b><br><i>Amt org wants to be reimbursed</i> | <b>Payment Type</b><br><i>Enter check # or ACH for card pmts</i> | <b>Expense Description</b><br><i>Please list items or general topics. Refer to the proof of purchase (invoice/receipt). Should match Use of City Funds section from application.</i> |
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| <b>Total Expenses</b>   |   |  |  |  |