

City of San Diego Commission for Arts and Culture  
Creative Communities San Diego (CCSD) Request for Payment  
Section 1 – Itemization of Expenses to be Reimbursed

Contract #		Amount of Funding	
Request Period Start Date		Request Period End Date	
Total Project Expenses Last Completed Year		Date Submitted	

Organization			
Mailing Address			
City, State, Zip			
Contact Name & Title			
Name of Project			
Phone		Email	

Line #	Total Project Expenses (Projected)	City Funds	Request 1	Request 2	Request 3	Request 4	Balance
1							
2							
5							
6							
8							
12							
Total							
Date Entered							

**Key to Line Numbers**

1	Artists	6	Rent/Facility
2	Technical/Production	8	Marketing/Publicity
5	All Other Personnel	12	All Other Operating

