



**The City of San Diego  
City Council  
Arts, Culture and Community Festivals (ACCF)**

**REQUEST FOR REIMBURSEMENT PAYMENT INSTRUCTIONS**

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Please follow the directions carefully. If you have any questions, please call Courtney Thomson, Grants Coordinator/Contract Administrator at (619) 236-5918.

1. Fill out the organization name, telephone and fax number, the name and signature, and title of person completing form.
2. Fill out the **Request Period**. The Request Period is the period in which the reimbursement for expenses incurred.
3. Fill out the **ACCF FY 2017 Contract Allocation** column (A). Please refer to the FY 2017 Contract Agreement for total amount of contract.
5. Fill out the **ACCF Payments To Date** column (B). This column indicates how much the City has paid up to this request period.
6. Fill out the **ACCF Payment Requested** column (C). This column indicates the amount that is being requested for reimbursement for this period.
7. Fill out the **Request for Payment Budget Details**. These are the exact expenses which will be reimbursed. Please provide the check number, date of when the check was written, who the check was made out to, the amount and the classification code letter. (\* See Note Below)
8. Authorized signatory must **Sign** and **Print** their name. Please include the telephone number and extension.
9. Mail Request for Reimbursement Payment form AND the Final Performance Report and all required backup documentation to the following address:

Council Administration  
ATTN: Courtney Thomson  
202 C Street, MS 10A  
San Diego, CA 92101

**\* NOTE:** *The Contractor will be required to submit to the City copies of invoices and canceled checks/bank statements as proof of incurrence and payment of expenses. Be sure to keep a COPY of your "Request for Reimbursement Payment" on file.*



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**REQUEST FOR REIMBURSEMENT PAYMENT BUDGET DETAILS**

**PERSONNEL EXPENSES**

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

**OPERATING EXPENSES**

- 8. Facility Expense**
- 9. Marketing/Publicity**
- 10. Materials/Supplies**
- 11. Other (specify)**

**Please provide details on expenditures for which City funds are going for reimbursement. Use code numbers shown to classify expenditures and group the same expense codes 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.**