



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

REQUEST FOR REIMBURSEMENT PAYMENT (RFRP) INSTRUCTIONS

Please follow the directions carefully. A complete Request for Reimbursement includes the Request for Reimbursement Payment Form, supplemental documentation (proof of purchase and payment), and the Final Performance Report.

Page 1: Request for Reimbursement Payment

1. **REQUESTED INFORMATION: Organization, Mailing Address, Phone/Fax, Name of Person Completing Form**

-**Request Period:** Date range in which expenses incurred

-**Fiscal Year Ends:** June 30, 2019

Organization:	<input style="width: 95%;" type="text"/>	Request Period:	<input style="width: 95%;" type="text"/>
			Month - Month/Yr.
Mailing Addr.	<input style="width: 95%;" type="text"/>		
Phone:	<input style="width: 95%;" type="text"/>		
Fax:	<input style="width: 45%;" type="text"/>	Fiscal Year Ends:	<input style="width: 45%;" type="text"/>
Person Completing Form/Title:	<input style="width: 95%;" type="text"/>		

2. **EXPENSE CLASSIFICATION:**

-**Column (A) ACCF FY19 Contract Allocation:** Enter contract allocation award subtotals for Personnel and Operating expenses, and total allocation at the bottom. If expenses are not specified, leave subtotals blank.

-**Column (B) ACCF Payments to Date:** If the organization has not yet submitted an RFRP Form for this fiscal year, leave column blank. If an RFRP Form has been submitted for this fiscal year, enter requested partial payment subtotals for Personnel and Operating expenses, and total requested partial payment at the bottom.

-**Column (C) ACCF Payment Requested:** Enter subtotals organization is requesting for Personnel and Operating expenses, and total requested payment at the bottom.

Expense Classification Number	EXPENSE CLASSIFICATION		ACCF FY <u>19</u> Contract Allocation (A)	ACCF Payments to Date (B)	ACCF Payment Requested (C)
	PERSONNEL EXPENSES				
1	Artists (all disciplines)				
2	Entertainment				
3	Administrative				
4	Event Organizer				
5	Technical/Production				
6	Security/Cleaning				
7	Other (specify)				
	Personnel Expenses Subtotal		\$ 0	\$ 0	\$ 0
	OPERATING EXPENSES				
8	Facility Expense (Rent, Util's, Etc.)				
9	Marketing/Publicity				
10	Materials/Supplies				
11	Other (Specify)				
	Operating Expenses Subtotal		\$ 0	\$ 0	\$ 0
	TOTAL		\$ 0	\$ 0	\$ 0

3. AUTHORIZATION: An authorized signatory is to sign and print name, date, and enter phone number.

<u>AUTHORIZATION</u>	
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.

Page 2: Request for Reimbursement Details

4. REQUESTED INFORMATION: Enter expense details of expenses to be reimbursed.
- Check Number**: Enter check number or ACH (Automated Clearing House) for card payments
 - Date**: Enter date when payment was made
 - Vendor**: Enter who received payment (name of business, organization, independent contractor, employee, etc.)
 - Amount**: Enter amount of payment the organization would like to be reimbursed for
 - Expense Code**: Enter the Expense Classification Code Number
 - Expense Code Total**: Enter Expense Classification Code Total

<u>REQUEST FOR REIMBURSEMENT PAYMENT BUDGET DETAILS</u>					
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

Supplemental Documentation for Expenses: Proof of Purchase & Proof of Payment

5. PROOF OF PURCHASE: Invoice, receipt, lease, timecard, etc. indicating amount paid, vendor, and date.
PROOF OF PAYMENT: Canceled check, bank or credit card statement, etc. indicating amount paid by grantee to the vendor, and date of purchase/transfer of funds.
ELIGIBLE EXPENSES: are listed in the Use of City Funds section on page 3 of the ACCF application and must be incurred within the City’s Fiscal Year (July 1, 2018- June 30, 2019)

Final Performance Report

6. ACCF FY2019 Final Performance Report: Provide requested information.

Submit: Email or Mail

7. Please email or mail the RFRP Form, supplemental documentation, and Final Performance Report by **July 31, 2019** to:

Council Administration
ATTN: Courtney Thomson
202 C Street, MS-10A
San Diego, CA 92101
ThomsonC@SanDiego.gov

NOTES:

- Be sure to keep a *COPY* of your "Request for Reimbursement Payment" on file.
- For questions, please contact:

Courtney Thomson
 Grants Coordinator/Contract Administrator
ThomsonC@SanDiego.gov / (619) 236-5918

Jasmine Mallen
 Grants & Contracts Analyst
JMallen@SanDiego.gov / (619) 533-4762



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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.