CITY OF RIVERSIDE
CDBG REIMBURSEMENT REQUEST FORM B

SUBRECIPIENT: **Request for Period:**
(mm/dd/yy) to (mm/dd/yy)

COST CATEGORY	TOTAL BUDGETED AMOUNT	CDBG BUDGETED AMOUNT	%* CDBG COVERS	CDBG EXPENDED THIS PERIOD	CDBG EXPENDED YTD	*CDBG BALANCE
1. STAFF COSTS						
A) WAGES						
Employee Name and Title:						
SUBTOTAL FOR WAGES						
B) FRINGE BENEFITS						
FICA						
SUI						
Health/Life/Other						
SUBTOTAL FRINGE BENEFITS						
TOTAL STAFF COSTS						
2. SUPPLIES AND SERVICE COSTS						
CATEGORY						
Space Rental						
Utilities						
Liability Insurance						
Worker's Compensation Insurance						
Other Insurance						
Consultant Services						
Travel						
Supplies						
Equipment						
Other						
Other						
TOTAL SUPPLIES & SERVICES						
3. TOTAL BUDGET OVERVIEW						
COST CATEGORY						
PERSONNEL						
SERVICES/SUPPLIES						
GRAND TOTALS						

Please be sure to clearly indicate exact percentage calculated for each line item.

To avoid EFT payment delays, submit all back-up documentation for each line item.

Finance Use

☐ Funds Available
☐ Funds Not Available

Verified By:

Approved By:

Departmental Approvals