REIMBURSEMENT REQUEST FORM
PANDEMIC RELIEF HOUSING PROGRAM

NEBRASKA
Good Life. Great Opportunity.
DEPT. OF ECONOMIC DEVELOPMENT

Do not submit until all previous reimbursement requests have been approved. See next page for instructions.

PART I – SUBRECIPIENT INFORMATION

Name	Agreement Number **22-PRH-**	Request Number	
Address	City	State	ZIP Code

PART II – REQUEST FOR FUNDS   DO NOT ROUND VALUES

	Current Request for Funds	Cost Share or Match*
1. Project Costs		
2. General Administration		
3. TOTAL		

☐ **FINAL REQUEST**   *Include Cost Match, if applicable, in accordance with program guidelines.*

FOR DEPARTMENT USE ONLY

PART III – CERTIFICATION

I certify that the information provided on this form is accurate and has been prepared in accordance with the terms and conditions of the DED subaward agreement, which governs expenditures of project funds.

Authorized Individuals

Signature	Date
Name/Title (Printed or Typewritten)	

Signature	Date
Name/Title (Printed or Typewritten)	

Preparer (Must be an Authorized Individual)

Name (Printed or Typewritten)	Date
Email	Phone

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REIMBURSEMENT REQUEST FORM
INSTRUCTIONS TO SUBMIT

GUIDELINES

- Funds will be disbursed on a reimbursement basis, pursuant to 2 C.F.R. § 200.207.
    - **Do not submit a reimbursement request unless all previous requests have been approved by the Department.**
- Funds will be disbursed for direct expenses only. Indirect costs are ineligible and not payable with project funds.
    - Request must be for one project only.
    - Request must be specific to budget expenditure category(ies).
    - Eligible expenses must be incurred on or after the initial date of the performance period.
    - Final reimbursement requests must be made on or before the end date of the performance period.
- No reimbursement request will be approved until required documents have been submitted and are approved by the Department.
    - Subrecipient must ensure that required documents are submitted prior to the first reimbursement request, in accordance with the subaward agreement.
    - Subrecipient must ensure that these documents are updated as required.
- Disbursal of funds is contingent on approval by the Department. Subrecipient will receive notification of approval for each reimbursement request by the Department.

INSTRUCTIONS TO COMPLETE FORM

PART I – Subrecipient Information
- Provide information as stated in the subaward agreement.
- Reimbursement request number is assigned sequentially in order of reimbursement requests made for this project.

PART II – Request for Funds
- Line 1: Project Costs
    - Column 1: Enter the amount of funds requested for reimbursement.
    - This amount must be verified by the supporting documentation.
    - Column 2: Enter the amount of cost share or match funds expended in this category.
- Line 2: General Administration
    - Column 1: Enter the amount of funds requested for reimbursement.
    - This amount must be verified by the supporting documentation.
    - Column 2: Enter the amount of cost share or match funds expended in this category.
- Line 3: Totals
    - Column 1: Calculate the sum of the amounts entered in this column in Line 1 and Line 2. This amount is the total amount of funds for which you are currently requesting reimbursement.
    - Column 2: Calculate the sum of the amounts entered in this column in Line 1 and Line 2. This is the total amount of cost share or match funds that are expended in conjunction with this reimbursement request.

PART III – Certification
- Form must be signed in **blue** ink by **TWO** Authorized Individuals. Names and signatures on this document must match information submitted separately to the Department.
- The person who prepared this form must provide their name, email, and phone number.

SUBMISSION PROCESS

- Retain a blank copy of this form.
- Create a separate file of this form for each reimbursement request.
- Complete this form and submit with required attachments, including:
    - Source documentation for expenses incurred
    - Proof of payment of expenses incurred
- Ensure calculations are correct. Do not round dollar amounts.
- **Incomplete or incorrect forms will not be processed.**
- Upload all files to the AmpliFund. Retain a copy of these documents in Subrecipient's files.