**Four Creeks Unincorporated Area Council
Reimbursement Request**

|  |  |  |
| --- | --- | --- |
| **Expenditure Item/Description** | **Amount** | **FCUAC Fund** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

Claimant Certification – I hereby certify under penalty of perjury that this is a true and correct claim for the necessary expenses incurred by me of behalf of Four Creeks Unincorporated Area Council. I have not previously requested or received payment for this claim.

Signature Date

Certification for Payment – I hereby certify under penalty of perjury that this claim is a just, due and unpaid obligation against Four Creeks Unincorporated Area Council and I am authorized to certify said claim.

**Claimant Donation:** – I hereby donate \_\_\_\_ % of this reimbursement amount to FCUAC. Add Program designation, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

 **Four Creeks UAC Treasurer or Authorized Officer**

\*For a current list of Programs: [FourCreeks.org](http://fourcreeks.org)

**Four Creeks Unincorporated Area Council
Reimbursement Request (EXAMPLE)**

|  |  |  |
| --- | --- | --- |
| **Expenditure Item/Description** | **Amount** | **FCUAC Fund** |
| For CSA Community Planning grant:Internship stipend payments made (Lorn Font)Internship stipend payment pending (Lorn Font)Miscellaneous FCUAC expensesMiscellaneous Atlas expenses | $1,000$700$100$75$125 | Community Planning |
| For CSA National Night Out grant:Reimbursement checks written (Eberle, Yiu)Miscellaneous FCUAC expenses | $1,000$897.91$67.34 | Community Safety |
|  |  |  |
| **TOTAL** |  |  |

Claimant Certification – I hereby certify under penalty of perjury that this is a true and correct claim for the necessary expenses incurred by me of behalf of Four Creeks Unincorporated Area Council. I have not previously requested or received payment for this claim.

Signature Date

Certification for Payment – I hereby certify under penalty of perjury that this claim is a just, due and unpaid obligation against Four Creeks Unincorporated Area Council and I am authorized to certify said claim.

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Signature Date

 **Four Creeks UAC Treasurer or Authorized Officer**

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