

**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

**FOUR CREEKS UNINCORPORATED AREA COUNCIL
REIMBURSEMENT REQUEST (EXAMPLE)**

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

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