



CITY OF AMES, IOWA
REIMBURSEMENT FORM FOR ART ORGANIZATIONS

ORGANIZATION NAME \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

CITY COUNCIL'S APPROPRIATION: \$ \_\_\_\_\_

TYPE OF APPROPRIATION:

\_\_\_\_\_ PROJECT NAME \_\_\_\_\_

\_\_\_\_\_ PROGRAM NAME \_\_\_\_\_

\_\_\_\_\_ OPERATION SUPPORT

Summary table with columns: Total Project, Program, or Operational Expenses, This Month, Year-to-Date

Main reimbursement table with columns: Reimbursement Requested, This Month, Year-to-Date

I certify that the services and expenses for which payment is claimed:

\_\_\_\_\_ were provided and are unpaid.

\_\_\_\_\_ were provided and are paid.

\_\_\_\_\_ are estimated. Actual information will be submitted next month.

Signature

Date

Return to Gary Seite, City of Ames Finance Department, P. O. Box 811, Ames, IA 50010. or via email at gseite@city.ames.ia.us