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

Total Project, Program, or Operational Expenses	This Month $ _____	Year-to-Date $ _____

Reimbursement Requested	This Month	Year-to-Date
	$	$
	$	$
	$	$
	$	$
	$	$
Total Requested	$	$

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** Commission on the Arts, **City** Manager's Office, **P.O. Box 811, Ames, IA 50010
***or via email at** COTA@cityofames.org.*