



**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

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

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 Amy Crabbs, City of Ames Finance Department, P. O. Box 811, Ames, IA 50010.
or via email at acrabbs@city.ames.ia.us**