PLEASE SUBMIT REIMBURSEMENT ON

COMMUNITY LETTER HEAD

CDBG-	- /	/ \$	•	,
	MUNITY 1 EVIATION	DATE	TOTAL AMOUNT OF FUNDS REQUEST	
Oakland Count 1200 N. Telegra Pontiac, Michig	aph Rd., 34E	e Supervisor Housing Developme	nt Division	
The is requesting reimbursement of CDBG funds NAME OF CITY, TWP OR VILLAGE in the amount of \$ for the following project.				
GRANT YEAR	ACCOUNT #	ACCOUNT NA		
			\$ \$	\$ \$
			\$	\$
◆ PLEASE SUBMIT SEPARATE REIMBURSEMENT REQUEST FOR EACH PROJECT Please make checks payable to:				
	_	ADDRESS		
Sincerely,				
SIGNATURE &	TITLE			
Phone:				
Email:				

I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.