



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 Lori Dalton, City of Ames Finance Department, P. O. Box 811, Ames, IA 50010.
or via email at lori.dalton@cityofames.org