

CHC Reimbursement Request Form

Copies of this form can be printed from our website: www.chcfoundation.net.

Date of Request: _____

Grant Number: _____

Organization Name: _____

Original grant award amount: _____ Current balance of your grant: _____

Is this your final reimbursement request for this grant? **Yes / No** (circle one)

If "yes," please send pictures of your completed project to office@chcfoundation.net.

These photos are used in a final report on your project to the CHCF Board of Directors. For privacy purposes, please do not include pictures of children. If possible, please DO include one picture that identifies your organization and location.

Request Detail (If more space is required, please attach a separate sheet in a similar format.)

Description	Payee	Amount	Payment Method (check, credit card)
TOTAL Reimbursement Request			

For each item, please attach: (1) The associated invoice or receipt AND (2) Documentation that the charge has been paid by your organization. (This could include copies of the front and back of a cancelled check, your paid statement from the debit/credit card company, or your bank statement showing that the charge has cleared.)

Send this completed form and attachments to:

CHC Foundation, Inc, Attn: Rachel Skousen, Administrator, PO Box 1644, Idaho Falls, ID 83403
OR email it to office@chcfoundation.net.

Note: To be eligible for reimbursement, your organization must have signed and submitted a copy of your original grant award letter with conditions. Please check your files before you submit this form!

Mailing Address for this reimbursement:

Individual's name and organization name

Street or PO Box

City

Zip Code

Who should we contact with questions about this reimbursement request?

Name: _____ Phone # _____

Email: _____