STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES COUNCIL

REQUEST FOR CONTRACT REIMBURSEMENT

SECTION 1. RECIPIENT INFORMATION

Recipient organization			Invoice number
Address City State Zip			
Contact person		Project name	
Telephone number	FAX number	Contract period	Purchase order (PO) number
Federal Employer identification (FEI) number	Provider Authorization (PA) number		Request for period beginning ending

SECTION 2. BUDGET INFORMATION

Budget category	Budget	Current expenditures	Expenditures year-to-date	Remaining balance
Total/Current request				

SECTION 3. MATCH INFORMATION

Match category	Match budget	Current match	Match year-to-date	Remaining balance
In-kind				
Other				
Total				

I certify the amounts listed in current expenditures have been expended and are consistent with the terms and conditions of the contract. Said contract is to _____. Documentation of current expenses is attached.

Signature of authorized official | Date

For Oklahoma Developmental Disabilities Council use only

Approved for payment | Date

Account number	Cost location	Object code