

Payment Request Form

Projects of the Tennessee Council on Developmental Disabilities and UCP of Middle Tennessee

Name of individual or organization to whom payment should be made: _____

Address: _____ County: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Type of Disability(ies) Served: _____

Description of Conference or Funded Activity:

Number of People the Grant Paid for: Adults (over 18): _____ Children (18 and under) _____

Expenses

Attach all receipts for hotel, air fare, registration, gas purchases, odometer records, meals, etc. Full documentation of actual expense is required in order to receive your reimbursement.

<i>Item</i>	<i>Amount Approved (enter item detail if specified by the Council)</i>	<i>Reimbursement Requested</i>
Registration Fees		
Transportation Fare or Gasoline (attach gas receipts and/or mileage description)		
Meals		
Lodging		
Personal Assistance or Child Care		
Supplies or Other (attach receipts and description)		
Professional Fee (attach invoice)		
Total Expense Approved. <i>This is the total grant amount if specified in your letter from the Council.</i>		
Total Reimbursement Requested:		

Please note that reimbursements do not include alcohol, automobile parts, repairs, souvenirs, etc.

I hereby certify that the above is a true and accurate statement of expenses incurred as a result of an approved letter or other communication issued by the Tennessee Council on Developmental Disabilities and the individual or organization named above is eligible to receive payment as specified above.

Signature _____ **Date** _____