

**SHIBA REQUEST FOR REIMBURSEMENT FORM**  
**April 1, 20xx – September 31, 20xx**  
**(Return by Oct 15)**

Sponsor Name: \_\_\_\_\_  
 Counties Served: \_\_\_\_\_  
 Subgrant Agreement Number: SHIBA 1314-(your unique contract no.)  
 Amount Requested: Typically 50% of the amount listed in SHIBA agreement unless you claimed less ore more than 50% at the 6-month reimbursement  
 Balance Remaining: \_\_\_\_\_ 0 \_\_\_\_\_

**Required Information**

SHIBA Sponsor Payee Name: \_\_\_\_\_  
 Street Address/PO Box/Electronic payment: \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_  
 Federal Employer Identification Number: \_\_\_\_\_

**1.) Summary of Expenditures:**

Provide a detail of SHIBA actual or planned expenditures from October 1 – March 31, 2014.

Object Class Category	Federal Funds	Detail
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect		
<b>TOTAL</b>		<u>Usually50% of amount in SHIBA Agreement.</u>

**2.) Highlights of your organization’s accomplishments during the last six months of grant period (attach to this page).**

*Please sign, scan and email your completed reimbursement request form to Lisa Emerson at [lisa.emerson@oregon.gov](mailto:lisa.emerson@oregon.gov) OR Mail attention Lisa Emerson, SHIBA Program Coordinator, PO Box 14480, Salem OR 97309-0405*