

SHIBA REQUEST FOR REIMBURSEMENT FORM
Oct. 1, 20xx – Mar. 31, 20xx
(Return by April 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		
TOTAL		<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 OR Mail attention Lisa Emerson, SHIBA Program Coordinator, PO Box 14480, Salem OR 97309-0405