

**DEVELOPMENTAL DISABILITIES  
REIMBURSEMENT REQUEST FORM**

Submit Original to:  
Utah Developmental Disabilities Council  
155 South 300 West, Suite 100  
Salt Lake City, UT 84101

Grantee \_\_\_\_\_ Amount of DD grant: \$ \_\_\_\_\_

Address \_\_\_\_\_ Amount of Non-Federal Match: \$ \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Project Title \_\_\_\_\_ Contract # \_\_\_\_\_ Vendor # \_\_\_\_\_

\*Contract Period \_\_\_\_\_ to \_\_\_\_\_ \*Report Period Covered \_\_\_\_\_ to \_\_\_\_\_

Amount of DD funds received to date: \$ \_\_\_\_\_ (total)

Account of Disbursements#	Charged to DD Grant		Charged to Non-Federal Match	
	Current Period	Year to Date	Current Period	Year to Date
Personnel Service Earnings				
Leave Paid				
Pension Plans				
401 (k) Plans				
Health, Dental, Life and Disability Insurance				
In State Mileage Reimbursement				
In State Meal Reimbursement				
In State Lodging Reimbursement				
Wireless Communication Service				
Communication Service				
Postage and Mailing				
Office Supplies				
Printing and Binding				
Books and Subscriptions				
Photocopy Expenses				
Utilities – Natural Gas				
Utilities – Electricity Service				
Conventions, Workshops, Etc.				
<b>TOTALS</b>				

I certify that the above reimbursement is an accurate report of expenditures made in support of this project:

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

\*Make certain that report falls within dates of the contract term!

#Refer to the Grant Policies and Procedures Section E and Section K for allowable and unallowable reimbursements. Use only the expense accounts that you need. You can submit this reimbursement sheet with only relevant reimbursement accounts.

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