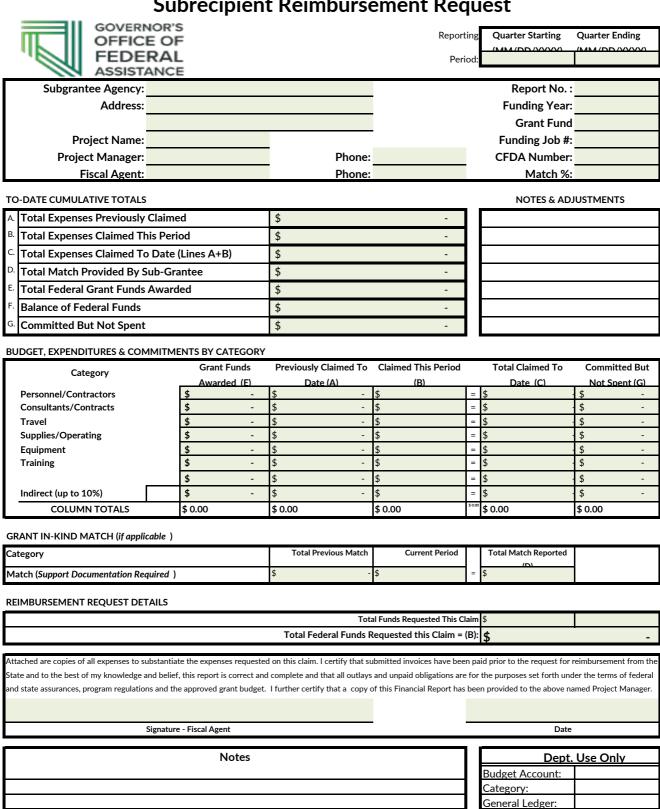
Subrecipient Reimbursement Request



Job Number: Amount Voucher #: Initials: Date:

010-GP 013 Revised 11/20/25



Subrecipient Reimbursement Request Instructions

(010-GP 013)

- **Step 1:** Fill out the Subrecipient information, report number, funding year, grant fund, funding job number, CFDA number, and match percent if applicable,
- **Step 2:** Fill out To-Date Cumulative Totals and notes/adjustments if applicable.
- **Step 3:** In the "Budget, Expenditures & Comitments by Category" section, fill out each column. The colum totals will auto-populate for you.
- Step 4: In the Grant in Kind section, if you have a match requirement, fill in the current status of the matching
- Step 5: In the reimbursement claims section, enter the final amount you wish to be reimbursed.
- **Step 6:** Sign and date the form.
- **Step 7:** Turn in the form with all of the supporting documentation.

Note: A state agency may alter this form to suit your agency's needs as long as all fields are present.