

XYZ Senior Center
 Senior Assistance Program
 Project Number 06-XX-PS
 Program Year 2006/2007
 July 2006 Reimbursement Request

Personnel Expense Summary

| Program Staff | Position | Pay Period | Total Hours Worked on Program | Hours Charged to County CDBG | Hourly Rate | Amount | Payment Date | Check Number |
|---|---------------------|-----------------|-------------------------------|------------------------------|-------------|-----------------|--------------|--------------|
| John Doe | Program Coordinator | 7/1/06-7/15/06 | 8 | 6 | \$14.00 | \$84.00 | 7/20/06 | 4534 |
| John Doe | Program Coordinator | 7/16/06-7/31/06 | 10 | 7.5 | \$14.00 | \$105.00 | 8/5/06 | 4560 |
| Jane Smith | Case Manager | 7/1/06-7/15/06 | 40 | 20 | \$12.00 | \$240.00 | 7/20/06 | 4540 |
| Jane Smith | Case Manager | 7/16/06-7/31/06 | 48 | 24 | \$12.00 | \$288.00 | 8/5/06 | 4566 |
| Total Wages | | | | | | \$717.00 | | |
| Taxes/Benefits | | | | | | | | |
| Fica/Medicare (7.65%) | | | | | | \$54.85 | | |
| Workers Compensation (1.24%) | | | | | | \$8.49 | | |
| Health Insurance | | | | | | \$59.75 | | |
| Dental Insurance | | | | | | \$15.93 | | |
| Life Insurance | | | | | | \$3.98 | | |
| Total Taxes and Benefits | | | | | | \$143.00 | | |
| Personnel Expenses Claimed for Reimbursement | | | | | | \$860.00 | | |

Operating Expense Summary

| Budget Line | Vendor | Invoice/Receipt Date | Invoice/Receipt Number | Amount | Payment Date | Check Number |
|---|--------------------|----------------------|------------------------|-----------------|--------------|--------------|
| Office Supplies | Quality Paper Inc. | 7/5/06 | 129 | \$120.75 | 7/15/06 | 3000 |
| Participant Support | Transport Services | 7/14/06 | 21 | \$250.00 | 7/24/06 | 3025 |
| Rent | ABC Properties | 7/28/06 | 876 | \$600.00 | 8/1/06 | 3032 |
| Operating Expenses Claimed for Reimbursement | | | | \$970.75 | | |

Total Expenses Claimed for Reimbursement **\$1,830.75**

Notes

- (1) Copies of the vendor invoices/receipts are required to be submitted with the demands.
- (2) In those instances where less than the total amount of the invoice/receipt is being claimed for reimbursement, please clearly identify those items/services for which reimbursement is being requested.