



King County Opportunity Fund Reimbursement Request

Date _____
 Jurisdiction Name _____
 Contact Name _____
 Phone _____
 Address 1 _____
 Address 2 _____
 City, State, Zip Code _____
 Request # _____ Dates (Beginning & End date for this claim) _____

Instructions: Complete this spreadsheet and attach your financial / accounting system reports to document all expenses

PROJECT NAME _____ FISCAL YEAR OF _____
 Was this project subject to a KCFCF approved amendment? _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
Budget Line Item (Must conform to scope of work budget --See note below)	Opportunity Fund Budget	Current Request	Amount of all Prior Requests	Balance Remaining
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTALS:	\$ -	\$ -	\$ -	\$ -

Send invoice or inquiries to Kim Harper
Phone: 206-477-6079 Email: Kim.harper@kingcounty.gov

Note: The scope budget items must be the same as the ones in the submitted scope in the fall of the following fiscal year. However, if the scope was subject to an amendment, then the amended budget use the amended budget instead.