



City of Camarillo

COMMUNITY SERVICE GRANT 2017-2018 DISBURSEMENT REQUEST

<i>Please Complete All Sections</i>	
Amount Requested:	Anticipated Date for Expenditure of Funds:
<p>PLEASE NOTE: If your grant is for a special purchase such as building renovations, equipment or other tangible improvements, funding will be provided when a final invoice is received along with this Disbursement Request form. Please do not request partial payments.</p> <p style="text-align: center;">PLEASE DO NOT SUBMIT THIS FORM PRIOR TO JULY 1, 2017. THANK YOU.</p>	
Company Name:	
Street Address:	
City/State/Zip:	
Name and Title:	Phone:
The grant funds will be utilized for the following:	
<p><i>I do hereby certify that the grant funds requested will be used for the purpose(s) stated above.</i></p>	
Signature required _____	Date _____

When funds are needed, please complete this form and return to:

*Genie Rocha, Director of Finance
City of Camarillo
601 Carmen Drive
Camarillo, CA 93010*

For City of Camarillo Finance Department Use Only		
Today's Date: ____/____/____	Authorized By:	Department:
Date Needed: ____/____/____	Account No. _____	Amount: \$ _____
Handwrite Date: ____/____/____	Finance Approval of Handwritten Check:	Vendor No.