

2016-2017 CENARequest for Funds



Capital Improvement Funds

Reimbursement for the month of Vendor Item Price	enior Citizens Center:								_
Vendor Item Price Total Cash Reconciliation: Grant Amount MINUS the Total of this Request: MINUS the Total of All Previous Requests: Remaining Balance: I certify that this request complies with the terms of our CENA Agreement.	lailing Address:								_
Vendor Item Price Total Cash Reconciliation: Grant Amount MINUS the Total of this Request: MINUS the Total of All Previous Requests: Remaining Balance: I certify that this request complies with the terms of our CENA Agreement.	hone Number:								_
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	Grant Amount MINUS the Total of this Reques MINUS the Total of All Previous Remaining Balance:	Requests:	erms of	our CEI	 NA Agre	ement.			
Signature of Authorized Official Date	Signature of Authorized Official							Date	
For OEDA Use Only I approve this request for funds in the amount of \$		request	for fu	nds ir	n the	amount	of	\$	
OEDA: By: Date:									