



**2016-2017 CENA  
Request for Funds**

**Nutritional Assistance**

Senior Citizens Center: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reimbursement for the month of \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**For OEDA Use Only:**

I approve this request for funds in the amount of \$ \_\_\_\_\_

OEDA: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_