



2016-2017 CENA Request for Funds Operational Funds



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: _____