

**RIVERTON SENIOR CITIZENS SERVICE DISTRICT
Request for Funding/Reimbursement Form**

Requestor Information:

Name of Organization/Board:

Contact Person Name:

Email Address:

Phone Number of Contact Person:

Purpose of Funding/Reimbursement Request:

Request Type:

_____ Funding Request
_____ Reimbursement Request

Amount Requested:

\$ _____
Acct. # for requested funds _____

Date of Request:

Your Annual Budget:

\$ _____

Purpose of Funds:

(Describe the specific project, event, or expense for which funding or reimbursement is being requested)

(Attach additional pages if necessary)

Detailed Budget Breakdown (for Funding Requests):

Please provide a detailed breakdown of the requested funds and how they will be allocated:

Expense Category	Description	Amount
Personnel Costs	(e.g., salaries, stipends)	\$ _____
Supplies/Materials	(e.g., food, equipment, office supplies)	\$ _____
Program Costs	(e.g., event costs, transportation, facility rental)	\$ _____
Miscellaneous	(describe)	\$ _____
Capital Costs	(describe)	\$ _____
TOTAL REQUESTED		\$ _____

Supporting Documentation

Please attach any relevant supporting documentation, such as:

- Detailed invoices or receipts (for reimbursement requests)
- Program or project description (for funding requests)
- Budget justification and additional breakdowns

Certification

I, the undersigned, certify that the information provided in this form is accurate and true to the best of my knowledge. I also understand that funds granted by the Riverton Senior Citizens Service District are subject to the policies and procedures established by the District.

Signature of Requestor:

Date of Signature:

Submission Instructions:

Please submit the completed form, along with any supporting documentation, to the Riverton Senior Citizens Service District office at 303 E. Lincoln, Riverton WY 82501.

This form is intended to ensure transparency and accountability in the allocation of funding for senior citizen programs in Riverton. If you have any questions or need assistance, please contact the Riverton Senior Citizens Service District at the above contact details.

Review and Approval (For District Use Only)

Reviewed By:

(Name of reviewer, title)

Date Reviewed:

Approved Amount:

\$ _____

Conditions/Remarks:

(Any additional notes or conditions attached to the approval of the request)

Signature of Approving Authority:

Date of Approval:
