

BUDGET AND REIMBURSEMENT REQUEST Computer Generated
 DR 337 (Rev. 10/93) (Combines DR337, DR338, DR340, & DR342)

New
 Continuation

THIS REPORT INCLUDES	
<i>BUDGET REV.#</i>	<i>Dated</i>
Period Covered From	To
Page	Of Pages
Agreement #	Type
Payment Request No.	

Facility Name And Address

Remodeling
 Other Direct Expense
 Equipment
 Operating Expense

A	B	C	D	E	F	G	H	I	J
Line Item #	Qty	Description	Rev. Date	Total Amount Budgeted	\$ Claimed Thru Request No.	\$ Claimed This Period	Invoice Number	Total Claimed (F+G=I)	Balance Remaining (E-I=J)
		W Page Total							
		X Accumulative Total (Last Page Only)							
		Y Project Budget <u>OR</u> Remodeling Retention %							
			Z Reimbursement Rate %	Budget Total	Amount Requested	Less Adv./Disc.	Net Amt. Requested		

REIMBURSEMENT APPROVAL

I certify that all expenditures claimed on this form have been made under the terms of our agreement with the STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION.

Department of Rehabilitation 	Date	Claimant Signature 	Title	Date
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