

PERSONNEL BUDGET AND REIMBURSEMENT REQUEST

DR 339 (Rev. 04/97) Computer Generated

New
Continuation

THIS REPORT INCLUDES
BUDGET REV.# Dated

Period Covered
From To

Page Of Pages

Agreement # Type

Payment Request No.

Facility Name And Address

2nd Year
3rd Year
4th Year
Operating Expense

A	B	C	D	E	F	G	H	I	J
Line Item	Start	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


