# COEDD Area Agency on Aging

Community Expansion of Nutritional Assistance (CENA)

# REQUEST FOR REIMBURSEMENT

Reimbursement Period: Month: Year: Name of Grantee: Address: City: State: Zip Code:

|  |  |
| --- | --- |
| Type of Purchase (Equipment, Utilities, Food) | Amount |
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|  |  |
| MONTHLY ATTENDENCE: |  |
| TOTAL REIMBURSEMENT REQUESTED | $ |

Name of Authorized Agent for Grantee:

Signature: Date:

**Supporting documents must be submitted with this form for reimbursement**

Tina Glasgow, AAA Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courtney Matanane, Chief Financial Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_