

**FIRST 5 SAN JOAQUIN
MONTHLY/QUARTERLY EXPENDITURE REPORT
REIMBURSEMENT METHOD
AFFIDAVIT**

Contractor Name:	
Program Name:	
Agreement Number:	
Agreement Period:	
Assigned Fiscal Staff:	

Please check one of the following reimbursement methods that you have chosen:

→ Reimbursement based on the actual expenses reported on the IBER with supporting general ledger report that will carry total monthly billing amount and YTD billing amount matching what are reported on the IBER.

→ Reimbursement based on the actual expenses up to the prorated 10 months (preschool calendar) amount with supporting general ledger report plus any other additional receipts or backup documents.

→ Reimbursement based on the actual expenses up to the prorated 12 months (preschool budget period) amount with supporting general ledger report plus any other additional receipts or backup documents.

I acknowledge that the chosen method will be used for a twelve-month reporting period. The method cannot be changed until the next twelve-month reporting period.

Signature of Fiscal Representative or Authorized Signer

Date

Print Name of Fiscal Representative