

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES
U.S. Department of Housing and Urban Development
Continuum of Care Homeless Assistance Programs

Supportive Housing Program (SHP) and Shelter Plus Care Program (S+C)

Grant No. _____ Claim No. _____

Prepared by _____ Tel # / ext. _____

Payee Name _____
 (Agency) (Tax ID or SSN)

Address _____
 (Street) (City) (State) (Zip)

Line	Activity	Line	Activity	Line	Activity
1000	Sponsor Based Rental Assist (S+C)	1030	Operating Cost	1100	Leasing Assistance
1010	Purchase/Acquisition	1040	Rental Assistance (SHP)	1120	Other
1020	Rehabilitation	1050	Supportive Services	2000	Tenant Based Rental Asst (S+C)
1021	New Construction	1051	Supp. Svcs. - HMIS	3000	Project Based Rental Asst (S+C)
1023	Moderate Rehabilitation (SRO)	1060	Administrative Cost	3100	Non-Rehab Based Rental Asst (S+C)
		1090	Relocation		

Date(s) of Service _____

For DPSS Use Only

Line Item	Activity	Description	Cash Match	Amount Billed	Amount Paid
TOTAL				\$	

PLEASE NOTE: All source documents and proof of payment have been attached. These source documents include invoices (not billing statements), payroll registers, receipts and contracts. Proof of payment is herein attached in the form of copies of checks or warrants.

I declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: _____ Date of Request: _____

For DPSS Use Only		
Business Unit: _____	Purchase Order #: _____	Invoice #: _____
DeptID: _____	If amount authorized is different from amount requested, please explain:	
Fund: _____	_____	
Account: _____	Program: _____	Date: _____
Program: _____	MRU: _____	Date: _____
Project/Grant: _____	Contracts: _____	Date: _____
Vendor Code: _____	General Accounting: _____	Date: _____