

**ARKANSAS COMMISSION ON CHILD ABUSE, RAPE & DOMESTIC VIOLENCE**  
**Preventative Health Services Block VAWA/Crime Bill Grant**  
**Circle which (Adolescent or Adult)**  
**Request for Funds Expense Reimbursement**

\_\_\_\_\_  
 Agency

\_\_\_\_\_  
 P.O. Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Date of Request

\_\_\_\_\_  
 City                      State                      Zip

\_\_\_\_\_  
 Request Number

\_\_\_\_\_  
 Contact Person

\_\_\_\_\_  
 Telephone Number

The following is a request for funds to cover expenses for program activities, during the period  
 \_\_\_\_\_ through \_\_\_\_\_.

1. **Beginning** Grant Award \_\_\_\_\_
2. Amount of funds **received** from the start of the grant to date \_\_\_\_\_
3. Amount of **this** request (**Please attach receipts**) \_\_\_\_\_
4. Expenditure Category and Amount (i.e. salaries, supplies, equipment) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. \*Grant balance with this request (**\*This section is to be filled in by the Commission only**) \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: Candy Garland  
 Commission on Abuse  
 4301 W. Markham Slot 606  
 Little Rock, Arkansas 72205

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved    \_\_\_\_\_ Amount    \_\_\_\_\_ Date