



DDA LEASE/SUBSIDY REIMBURSEMENT

Requestors Name: _____

Doing Business As Name: _____

Business Address/Location: _____

Lease Inception Date: _____ End Date: _____

Monthly Lease Amount: _____ Monthly Due Date: _____

Month & Year you are requesting reimbursement for: _____

This is month: _____ (1,2,etc) of _____ (24,36,etc) lease

Amount of reimbursement / subsidy requested \$ _____ *

OFFICE USE ONLY

Copy of lease payment attached? Yes / No

Payment request is for current month? Yes/ No

Copy of lease On file? Yes/ No

Copy of DDA resolution/authorization on file? Yes/ No

Amount of reimbursement request matches footnote*? Yes /No

- Reimbursement schedule: month 1-6=\$300 / month 7-12=\$150 / month 13-18=\$100/ month 19-24= none (0