

**OKLAHOMA HOUSING FINANCE AGENCY
 NHTF PROGRAM - REIMBURSEMENT REPORT
 P O BOX 26720
 OKC, OK 73126-0720
 FAX# (405) 419-9130**

Awardee: _____ **Contract # (include Prg/Yr):** _____

Awardee Contact Name: _____ **Contract Period:** _____

Phone Number: _____

Fax Number: _____ **Report #:** _____

CONTRACT TYPE	ACTIVITY NUMBER	A	B	C	D
		CURRENT EXPENDITURES	EXPENDITURES YEAR TO DATE	BUDGET	REMAINING BALANCE
RENTAL NEW CONSTRUCTION (RNC)					
RENTAL ACQUISITION REHABILITATION (RAR)					
Total GRANT Expenditures:					

NOTE: ALL REQUESTS MUST BE SUBMITTED WITH BACKUP DOCUMENTATION

this claim to Oklahoma Housing Finance Agency, the Participating Jurisdiction under the federal NHTF Program for the State of Oklahoma. Claimant further states that claimant/contractor has not paid, given or donated or agreed to pay, give or donate to any officer or employee of Oklahoma Housing Finance Agency or the State of Oklahoma any money or other thing of value, either directly or indirectly in procuring of the contract under which this claim for payment is submitted.

Claimant further states that the cash received will be disbursed only in accordance with the terms of the contract/sub-contract, NHTF Program regulations and other applicable federal and state laws and regulations, issuances by the Oklahoma Housing Finance Agency, and in compliance with record keeping and accounting procedures as established by the Oklahoma Housing Finance Agency. Claimant understands that the payment shall be for the amount of current

Signature of Awardee

Date

OHFA USE ONLY:	
I approve this request for funds in the amount of \$ _____	
INITIALS: _____	DATE: _____
INITIALS: _____	DATE: _____

NHTF PROGRAM - REIMBURSEMENT REPORT

Awardee: _____

Contract #: _____

Report #: _____

ACTIVITY NUMBER	COUNTY OF ACTIVITY	CURRENT EXPENDITURES	YTD EXPENDITURES	SET UP BUDGET	REMAINING BALANCE	FINAL YES/NO

ACTIVITY TOTALS						
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