



CITY OF TOPEKA

FINANCIAL SERVICES

Attn: Chief Financial Office

City Hall, 215 SE 7th Street, Suite 358

Topeka, KS 66603-3914

Tel: (785) 368-3940

Community Improvement District Reimbursement Request

Submit requests to:

City of Topeka Director of Finance and Administrative Services

215 SE 7th Street, Suite 358

Topeka, KS 66603 or fax to: 785-368-3975

Submission Date: _____

City Project Number: _____

Request Number: _____

Please visit the following link for CID policies and procedures:

<https://www.topeka.org/finance/community-improvement-tax-increment-financing-districts/>

Reimbursement is contingent upon sales tax revenue received.

Minimum reimbursement is \$1,000.00.

Please include supporting documentation (copies of invoices and checks).

Type *	Vendor Name	Invoice #	Invoice Date	Payment Date	Time period of work	Requested Amount
* Note						
Please use page 2 for additional items.						
Page 1 Total						\$ -

1 = Land Acquisition

4 = Demolition

2 = Public Infrastructure

5 = Site Prep

3 = Relocation Costs

6 = Legal and Third Party Reports

Certification: I certify that the above listed costs are eligible CID costs and were incurred as part of the CID project listed above. Costs have not previously been submitted and they reflect actual costs expended. There are also no outstanding or anticipated liens for the work.

Office Use Only:

Finance Approval: _____

Engineering Approval: _____

Signature: _____

Date: _____

Phone number: _____

Community Improvement District Reimbursement Request

Type *	Vendor Name	Invoice #	Invoice Date	Payment Date	Time period of work	Requested Amount
					Page 2 Total	\$ -

*** Note**

1 = Land Acquisition

4 = Demolition

2 = Public Infrastructure

5 = Site Prep

3 = Relocation Costs

6 = Legal and Third Party Reports

Grand Total**\$ -**