

*Reimbursement requests for indirect costs are allowed for agencies with indirect costs approved in their contracted budgets. Please submit an indirect cost letter request on agency letterhead following this format:*

## **Indirect Cost Letter Request**

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

Program Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Invoice Period: \_\_\_\_\_

*The Agency Name, Inc., requests indirect costs for the month(s) of:*  
*in the amount of:*

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**Staff Signature (original signature required)**

Print Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_