

Tax Increment Reinvestment Zone #3 Request for Reimbursement

Project Name: 301 n. Chapparral Street
Grant Program: _____
Type of Reimbursement: ☒ One Time ☐ Re-Occurring (First Payment)
Requestor: Centre Theatre Date Requested: 07/31/19

Improvement	Estimated Cost (Per Agreement Exhibit C)	Actual Cost (Per Attached Documentation)	Invoice Reference
1. (8) 5 ton units	37,928.00	\$ 37,928.00	325131
2.			
3.			
4.			
5.			
TOTAL		\$ 37,928.00	

Attached is the Following:

- 1) Executed TIRZ #3 Reimbursement Agreement ☒
- 2) Certificate of Occupancy Date: 4/05/2019 ☒
- 3) Documentation of Expenses 6/07/2019 ☒

Signatures for Submittal:

Authorized Developer: Bryan Bullock - VP/CEO Date: 08/15/19
Authorized General Contractor: NA Date: _____

An incomplete Request for Reimbursement will not be processed. Submit a hard copy and combined PDF version to jason@cctexasdmd.com. Upon receipt of Request, final inspection will be scheduled.

Internal Office Use Only

Signatures for Approval Process

Request Rec'd By DMD: Jane Alamy Date: _____

8/15/19
Documentation Complete: 8/15/19 Inspection of Project: 8/16/19

Reimbursement Amount Requested: \$18,964.⁰⁰

Notes:

Reimbursement Approved by TIRZ #3 Board: _____ Date: _____