

CITY OF TOPEKA

Tax Increment Financing Reimbursement Request



Chief Financial Officer
 City Hall, 215 SE 7th Street, Suite 358
 Topeka, KS 66603-3914
 Tel: (785) 368-3970
finance@topeka.org

Submit Requests to Address above.
 Reimbursement is contingent upon sales tax revenue received.
 Minimum reimbursement is \$1,000.00.
 Please include supporting documentation (copies of invoices and checks).

Submission Date:	_____
City Project Number:	_____
Request Number:	_____

Project Cost Breakdown:

	Total	Amount of Draw Request	Budget Remaining
LAND ACQUISITION COSTS			
Total Land Acquisition Costs	\$ _____	-	
SITework COSTS			

Total Site Costs		\$0	

Total Costs		\$0	

Total Costs		\$0	
Interest Carry on Site Work		_____	
Contingency		_____	
Other		_____	
Total Sitework Costs		\$0	

BUILDING COSTS

<i>Contingency</i>	_____	
Total Building Costs	_____	\$0

SOFT COSTS
Professional Fees

<i>Legal</i>	<i>Total Professional Fees</i>	_____	<i>\$0</i>
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	<i>Legal Subtotal</i>	_____	<i>\$0</i>
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Site Permit/Fees

	<i>Site Permit/Fees Subtotal</i>	_____	<i>\$0</i>
	Total Soft Costs	_____	\$0

TOTAL REIMBURSEABLE PROJECT COSTS \$ _____ -

TOTAL AMOUNT FOR THIS REQUEST _____