Special Events Reimbursable Fee Form

Name of Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Contact Person: _____

Cell Number: _____

Email: _____

Authorized Person: _____

Name of Event: _____

Schedule Date of Event: _____ **Time of Event:** _____

Event Location:
_____

Type of Services Requested:
_____

Submit to: **sodplanning.adminbox@dc.gov**

RATE: $65.45 per hour/ 4 hour minimum[1]

Submit Payment to:
Office of the Chief Financial Officer
300 Indiana Avenue, NW
Room # 4068
Washington, DC 20001
(202) 727-4317
Payment due 5 business days prior to the event. Payment must be in the form of Certified Funds.

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[1] Expect a 3% increase on the rate on/after October 1, 2015