REQUEST FOR REIMBURSEMENT

(Submit this form **only** if requesting reimbursement and/or match)

**Project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dates This Request Covers From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS

1. *Complete each blank.*
2. ***Round to the nearest dollar—do not show decimals on top table.***
3. *Attach receipts, copies of checks or vouchers documenting proof that payment has been made for this reimbursement request. Documentation must be clearly marked as match or reimbursement.*
4. *The grantee must demonstrate that both the grant share and the matching share are being met in the proper ratio. The applicant must submit sufficient match so that the match total in Column F is equal (or more than) the match percentage in Column C.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | E | **F** | **G** |
| Grant Award | | | Requests for Reimbursements | | | Balance Remaining  (B-F) |
| Type | Amount | % | This  Request | Previous  Requests | Total  (D + E) |
| Grant |  |  |  |  |  |  |
| Match |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

Please **list** invoices and amounts and other documentation.

**Grant Share Request*:***

*Please provide an itemized list of expenditures applied toward the grant share for this request.*

*(Please, only information pertinent to the reimbursement justification)* Please **list** invoices and amounts here and attach backup documentation/copies

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Cost** |
|  |  |  |
|  |  |  |
|  | **TOTAL** |  |

**Matching Share:**

*Please provide an itemized list of expenditures applied toward the matching share for this request.* *(Please, only information pertinent to the match justification)*

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Cost** |
|  |  |  |
|  |  |  |
|  | **TOTAL** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature and Title Date