

# REIMBURSEMENT REQUEST FORM



**CERTIFIED SIGNATURE**

**Name of Municipality ("Grantee"):**

**Name of Project:**

**Date:**

The undersigned certifies that he or she is an approved agent of Grantee authorized to execute this Funding Request on behalf of Grantee, that the representations made in the attached are true and correct in all material respects as if made on the date hereof.

\_\_\_\_\_  
 Authorizing Signature

Title:

Print Name:

**SUMMARY OF EXPENSES (BY CATEGORY)**

**Summary of Eligible Expense**

Below, provide a summary, by category, of all eligible expenses requested for reimbursement: e.g. labor, materials, equipment, etc. An itemized summary of reimbursable expenses is required on the back side of this form.

Reimbursable expenses shall include those outlined in the approved cost estimate submitted with the Grant Agreement. Total requests for reimbursements shall not exceed the approved grant amount set forth in Grant Agreement.

NAME OF CATEGORY	Total Per Category
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Reimbursement Requested:</b> <i>(Shall not exceed approved Grant Award)</i>	\$

