



Grant Reimbursement Request Form

Grantee: _____

Grant Number: _____

Reimbursement Amount: _____

Short explanation of expense: _____

Items to send with Reimbursement Request:

- Copies of all bids (if applicable)
- Paid invoices, must be detailed
- A copy of the proof of payment
 - For example:
 - Canceled check
 - Warrant
 - Credit card receipt or statement
 - *Please be sure to cover any account numbers*
- For all equipment a VIN number must be provided

For District Use

Date Received: _____

Grant Balance: _____

Approved by: _____

Check Number: _____

Comments: _____