

## EZ GRANT REIMBURSEMENT REQUEST FORM

Grant Recipient: \_\_\_\_\_

Request Number: 1 \_\_\_\_ 2 \_\_\_\_

Project Completion: \_\_\_\_ fully completed \_\_\_\_ partially completed (\_\_\_\_%; explain below)

Additional space is provided on Page 2 for description of final project if needed.

Double click on the spreadsheet below to enter your budget information. The Costs column will total automatically.

	List all Cash expenditures or Donations (consultant/contractor name, type of service, etc.)	Costs	Cash or Donation?
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
	<b>TOTAL PROJECT COST</b>	\$ -	

\_\_\_ Attach invoices and proof of payment (cancelled check, etc.) for expenditures.

\_\_\_ Attach time sheet or other documentation for donated services or materials.

\_\_\_ Attach appropriate bid documentation for expenditures over \$1,000.

—OR—

\_\_\_ “Our local government’s purchasing and procurement policies were followed for all expenditures, and the appropriate records are on file.”

I hereby certify that the expenses, donations, and activities accounted for in this reimbursement are legitimate and correct.

\_\_\_\_\_  
Signature, Grantee Representative

\_\_\_\_\_  
Date

**Project Completion:** In the section below, explain more about your project if you would like or any major differences between the planned and actual final costs and products.