OREGON STATE MARINE BOARD
"LET'S GO BOATING" GRANT PROGRAM

REIMBURSEMENT REQUEST
(Instruction on reverse)

1. Project Number RBS-_____ - _____ Project Title:_____ Recipient:	2. Contact Name/Phone/E-Mail:
3. Mailing Address:	4. Total Amount for Reimbursement: $ _____ *Detailed expenditure record with receipts must be attached.
5. Project Period:	6. Date prepared:

7. Approved Scope Items:	Cost:
	$
TOTAL:	$

CERTIFICATION

I certify that this request is correct and is based upon actual commitments /obligations of the Subgrantee; that payment from the State has not yet been made or received; that the work and services are in accordance with the project as approved, including amendments thereto; and progress of the work and services under the project is acceptable and is consistent with the amount requested.

Signature: **Date:**

FOR DEPARTMENT USE ONLY

Grant Award: $_____

Reimbursement Payment: $_____   _____

Balance: $_____   Program Coordinator Approval   Date

_____

Accounting Approval   Date

Instructions for Completing the Reimbursement Request Form

Item 1:   Enter the project number, project title and recipient name as shown on the Contract.

Item 2:   Enter the name, phone number, and e-mail of the coordinator of the project.

Item 3:   Enter the mailing address of the coordinator of the project.

Item 4:   Enter the amount requested for reimbursement. Only items approved by the Marine Board and identified in the scope of work from the recipient's finalized Contract, original application or from any amendments are eligible for reimbursement.

Item 5:   Enter the month, day, and year for the beginning and ending of the period for which request is prepared. The dates inserted must fall within the "Project Period" indicated on the Contract.

Item 6:   Enter the month, day and year the form was prepared.

Item 7:   List the approved scope items as specified on the scope of work from the finalized Contract, or from the itemized costs from the original application or from any amendments. The cost column must match all receipts attached to the expenditure report.

Certification: The individual authorized in the Contract shall sign and date the reimbursement request.