

**Department of Land Conservation and Development
Ocean and Coastal Management Program
Request for Reimbursement**

Grantee Organization (Name and complete address, including ZIP code)		Grant No. assigned by DLCD		Final Report Yes No	
Funding/Grant period From:	To:	Period covered by this report From:	To:		
Transactions	Previously reported	This period	Cumulative		
State share of expenditures					
Salaries and benefits					
Supplies and services					
Contracts (explain)					
Other (explain)					
Total					
Grantee share of expenditures, if applicable	Previously reported	This period	Cumulative		
Salaries and benefits					
Supplies and services					
Contracts (explain)					
Other (explain)					
Total					
Payment requested					
Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures are for the purposes set forth in the award document. I further certify that all records are available upon request.					
Typed or Printed Name and Title			Address where payment is to be sent		
Signature of Authorized Certifying Official			Date Report Submitted		

FOR DLCD USE ONLY:

<u>DLCD CERTIFICATION</u>	
I certify, as a representative of the Department of Land Conservation and Development, that the grantee: ___ has met the terms and conditions of the grant and that the final payment in the amount of \$_____ should be issued. ___ has not met the terms and conditions of the grant for the reasons stated on the attached sheet, and payment in the amount of \$_____ should be issued.	
Signature of DLCD Grant Manager	Date
Signature of DLCD Program Manager	Date
BATCH #/DATE _____ VOUCHER#/DATE _____ PCA _____ OBJ. CODE _____ VENDOR NO. _____ AMOUNT _____	