

**Request for Reimbursement  
Department of Land Conservation and Development**

Grantee name and complete mailing address:		DLCD Grant Number:	
Period covered by this report:		Is this an Interim or Closeout Request? (Check one)	
From:	To:	Interim	Closeout

**Table 1. Expenditure Report.** Provide a summary of all project expenditures *for this reporting period only*. Enter project expenditures in each cost category a. through d. (as appropriate), under either the grant fund or matching funds. *Note that all expenditures under c. Contracts and d. Other must be described below.*

Project Cost Categories	Reimbursable Grant Funds	Matching Funds	Total Expenditures This Period
a. Salaries and benefits			
b. Supplies and services			
c. Contracts ( <b>Describe below</b> )			
d. Other ( <b>Describe below</b> )			
e. Total			
<b>Reimbursement requested</b>	\$		

**Table 2. Expenditures to Date.** Please enter the expenditure totals (line e. Total from Table 1 above) reported in previous Reimbursement Requests under this grant.

Past Report Dates	Grant Funds	Matching Funds	Total
Report 1:			
Report 2:			
Report 3:			
Report 4:			
Total to Date			

Describe the purpose of all contracts, and identify the contractor, for expenditures that fall into the "Contracts" category in table 1 above.

Please provide details on costs that fall into the "Other" category in table 1 above.

**Certification**

<p><b>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.</b></p>	
<p>Typed or Printed Name and Title</p>	<p>Date Report Submitted</p>
<p>Signature of Authorized Certifying Official</p>	<p>Address where payment is to be sent</p>

**FOR DLCD USE ONLY:**

<p>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 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.</p>			
<p>PCA Code to be used for this payment _____</p>			
<p>Signature of DLCD Grant Manager</p>		<p>Date</p>	
<p>Signature of DLCD Program Manager</p>		<p>Date</p>	
<p>OBJ Code</p>	<p>Vendor #</p>	<p>Amount</p>	<p>Voucher # / Date</p>

Attachment\_B.doc