

			<b>Oregon State Marine Board and Oregon Dept. of Fish &amp; Wildlife Cooperative Project Reimbursement Form</b>
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Recipient Name:		OSMB Grant No:	
Project Name:		ODFW Identifier:	
Billing Period (mm/yyyy) from:		to:	
Percent of work complete or materials stored:		Partial Payment:	Final Payment:

PROJECT FUNDING ~ IN-KIND FUNDS (soft funds) <i>NOT eligible for Reimbursement</i>			
CATEGORY	CURRENT COSTS	PREVIOUSLY INCURRED	TOTAL COSTS TO DATE
Administration			
Force Account Labor/Materials			
Force Account Equipment			
Force Account Inspection			
Force Account Permits /Lease			
Other: _____			
<b>TOTAL IN-KIND FUNDS</b>			

PROJECT CONSTRUCTION COSTS ~ CASH FUNDS <i>(All funding parties) Eligible for Reimbursement</i>			
CATEGORY	CURRENT COSTS	PREVIOUSLY INCURRED	TOTAL COSTS TO DATE
Property Acquisition			
Construction Contract			
Material/Equipment			
USACE/DSL Waterway Permit			
Consultant Contract			
<b>TOTAL CONSTRUCTION COST</b>			

Less Recipient Cash Match			
Less Other Cash Match			
Amount Due from ODFW			
Amount Due from OSMB			

Certification: I certify that this is a true and correct statement of all expenditures and that appropriate billing documentation to support this statement is available for inspection in the recipient's fiscal records. I further understand that payment will be withheld until all documentation is provided.

Print/Type Name:	
Title:	

Signature - Authorized Official:	
Date:	

Recipient Name:		OSMB Grant No:	
Project Name:		ODFW Identifier:	

To process cooperatively funded projects please follow these instructions:

1. Send all required billing information to the Marine Board. The Marine Board will review, approve and reimburse the applicant according to the Facility Grant Agreement.
2. The Marine Board will then send a complete copy of all documents to the Dept. of Fish and Wildlife for their review and reimbursement.
3. The Dept. of Fish and Wildlife will NOT make any reimbursement until the Marine Board has reviewed and reimbursed the recipient their eligible approved amount.

**Required Partial Payment Reimbursement Request Documentation:**

Contractor Request for Payment Form  
 Recipient Approval of Contractor's Request  
 Cancelled check or transaction demonstrating that this is a reimbursement  
**AND/OR**  
 Purchase Order  
 Materials and Supplies Invoices

**Required Final Payment Reimbursement Request Documentation:**

Photos - Minimum of 2 before and after completi  
 Final Contractor Request for Payment Form  
 Release of Liens and Claims Form  
 Final Inspection  
 Cancelled check or transaction demonstrating that this is a reimbursement  
**AND/OR**  
 Purchase Order  
 Materials and Supplies Invoices

<b>FOR OSMB USE ONLY</b>	Amount: \$	Date:	Approved by: Wayne Shuyler, Facilities Manager INITIALS:
	Payment Method:	Date Payment Forwarded to ODFW for Processing:	

<b>FOR ODFW USE ONLY</b>	Amount: \$	Date:	Approved by:
	Payment Method:	Reversion:	