

## Competitive Grants Program

### Request for Reimbursement

All reimbursement requests must include cancelled checks and/or paid invoices as appropriate documentation.

#### SECTION A (Project Information)

Grant ID	
Project Title	

#### SECTION B (Payment Information)

	Final Payment				
	Partial Payment	No.	From	To	

Total Award Amount		\$
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Current Award Balance		\$
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Minus Payment Requested		\$
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Equals Proposed Award Balance		\$
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#### Breakdown of Monies Spent This Period

Cane River	In-Kind	Cash	Private	Local Gov	State Gov	Total
\$	\$	\$	\$	\$	\$	\$

Make Check Payable To	<table style="width: 100%;"> <tr> <td style="width: 15%;">Name.....</td> </tr> <tr> <td>Street.....</td> </tr> <tr> <td>City/State/Zip....</td> </tr> </table>	Name.....	Street.....	City/State/Zip....
Name.....				
Street.....				
City/State/Zip....				

#### Certification

I certify that to the best of my knowledge and belief the information above is correct and that all amounts spent were made in accordance with the cooperative agreement addendum and that payment is due and has not been previously been requested.

Authorized Signature	Date
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OFFICE USE ONLY

	Approval	Note:			
	Denial	Note:			

Executive Director

Date