



## Appendix D-1

### Request for Reimbursement

**Project Title:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_

**Period of Performance:** \_\_\_\_\_  
(MM/DD/YYYY – MM/DD/YYYY)

**Match Requirement Calculations:** **Federal Award Expended**

**for this period: \$**

÷ Federal Award % 90.00%

= \$

× Match Requirement % 10.00%

= \$

(Match Requirement \$)

**Federal Award Expended:** \$ \_\_\_\_\_

▪ **Excel Detail Breakdown Attached**

**Total Amount of Reimbursement Request**

Total Amount of Labor	\$
Total Amount of Travel, Services, Commodities, Contractual, Indirect	\$
<b>Federal Award Expended GRAND TOTAL</b>	<b>\$</b>

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729 3730 and 3801 3812).

**Person Completing Form (If different than Grantee)**

**Grantee**

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_