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 %	89.09%
=	$
x Match Requirement %	10.01%
=	$
	(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	$
Federal Award Expended GRAND TOTAL	**$**

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)

Signature Date
Printed Name:
Phone:
Email Address:

Grantee

Signature Date
Printed Name:
Phone:
Email Address: