Grantee Name:
Address:

<table>
<tr><td colspan="2">DESPP USE ONLY:</td></tr>
<tr><td>Contract Number:_____</td></tr>
<tr><td>PO Number:_____</td></tr>
<tr><td>Receipt Number:_____</td></tr>
<tr><td>Voucher Number:_____</td></tr>
<tr><td>Date Paid:_____</td></tr>
<tr><td>Prepared By:_____</td></tr>
</table>

FEIN (Municipality):
Grant Award Number:

Reimbursement Information:

1. Program Year	
2. Match Percentage	
3. Grant Program Title	Small Town Economic Assistance Program
4. Total Requested This Reimbursement Request	
5. Reimbursement Request Number	_____ out of _____ ☐ Final

Completion Checklist: (Reimbursement can be withheld without the following)

Forms	Documentation
☐ Reimbursement Verification Form matching total seeking reimbursement. ☐ Certificate of Compliance-Design Completion. ☐ Certificate of Compliance-Construction Completion ☐ Certification by Grantee Official Authorized to Execute Contracts. ☐ Certificate of Occupancy from Municipal Building Department and Fire Marshall.	☐ Invoices ☐ Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. ☐ If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement. ☐ If item paid with credit card, show credit card payment by grantee.

For DESPP Fiscal Office

	DESP Program Manager/Administrator Signature:
☐ *Contract and PO on File and work completed within the Period of Performance* ☐ *Checks and Invoices on File* ☐ *Reimbursement Request totals match current project outlays.*	
	Grant Fiscal Administrative Manager Signature

Fund	Dept.	SID	Program	Account	CH 1	CH 2	Bud Ref	Project