

# REQUEST FOR REIMBURSEMENT

|   |                 |
|---|-----------------|
| INVOICE DATE:   | PROJECT NUMBER: |
| PROJECT TITLE:  |                 |
| SUBGRANTEE'S NAME:                                      |                 |
| SUBGRANTEE'S MAILING ADDRESS:                           |                 |
| CITY/STATE:   | ZIP CODE:       |
| TELEPHONE NUMBER:                                       |                 |
| INCLUSIVE DATE FOR EXPENSES DOCUMENTED BY THIS REQUEST: |                 |
| FEDERAL ID#:  |                 |
| AMOUNT REQUESTED:                                       | INVOICE #       |

LIST EXPENSES ON THE FOLLOWING CHART:

| CATEGORY                | FEDERAL | NONFEDERAL | TOTAL |
|-------------------------|---------|------------|-------|
| Personnel               |         |            | \$ -  |
| Fringe                  |         |            | \$ -  |
| Travel                  |         |            | \$ -  |
| Supplies                |         |            | \$ -  |
| Equipment               |         |            | \$ -  |
| Contractual             |         |            | \$ -  |
| Printing                |         |            | \$ -  |
| Publication             |         |            | \$ -  |
| Other (Specify) POSTAGE |         |            | \$ -  |
|                         |         |            | \$ -  |
|                         |         |            | \$ -  |
| TOTAL                   | \$ -    | \$ -       | \$ -  |

IF MORE ROOM IS NEEDED FOR LISTING OF EXPENSES, ATTACH A PAGE USING THE SAME FORMAT ATTACH ITEMIZED DOCUMENTATION OF ALL COSTS (Federal & NonFederal) TO THIS REQUEST.

The undersigned agrees that this invoice or claim is true and correct, and that the project costs listed on this form are adequately documented, and these costs are reasonable and appropriate for the work completed to date, and furthermore, that the work, service or materials as shown by this invoice or claim have been completed or supplied in accordance with the plans, specifications, orders or subgrant agreement.

\_\_\_\_\_  
Signature -- Agent of Sponsoring Organization, Subgrantee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants Manager (SHPO Staff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff (SHPO Staff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff (SHPO Staff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy SHPO

\_\_\_\_\_  
Date

### **Instructions for Use of the Request for Reimbursement Form:**

1. Input all information in the appropriate boxes for Subgrantee and Project information. Be sure to indicate the appropriate inclusive date for expenses and your Federal ID #.
2. The amount requested is only the federal amount being requested. This is **not** the total amount of federal and nonfederal amounts.
3. The categories are only suggested categories. Please refer to your subgrant agreement's budget for the categories you should be using. Include only those categories on your requests for reimbursement.
4. This Excel file is set up to automatically add your federal and nonfederal amounts in the Total column. The final total will be calculated from all of your total amounts. Please be sure to double-check your math against this file and separately to make sure the numbers are accurate.
5. Please sign the red Signature line only. Do not rename the signature lines.