



MINDNR

Reimbursement Request Forms

Section 1: Project Reimbursement Payment Request Form

SWIFT PO Number:	Grantee:	Project Name:
Request Number Period for which funds are being requested: From: _____/_____/_____ To: _____/_____/_____ Amount of Request \$ _____ Final Request: Y / N	I certify that I am authorized to request funds, and that all services rendered, materials purchased, and expenditures reported are as shown in the attached reimbursement forms. I certify that the expenditures reported have been incurred, are not being reimbursed from another source, and were used exclusively for this project. All original documentation is retained by the grantee in the form of invoices, proof of payment, and signed time records. Copies of these supporting documents are attached as required by State grant management policies. Signature _____ Date _____ _____ Name, Title Daytime Phone Number: _____ E-Mail: _____	
Remarks:		

For DNR Use Only

I have reviewed the evidence provided by the grantee for the goods, materials and/or services presented and they satisfy State requirements for reimbursement under the pass through agreement.	
Reimbursement approved for: \$ _____ By: _____ Title: _____ Date: _____ 2nd Review By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; height: 120px; margin-top: 10px;"></div>

Please keep originals of invoices and evidence of payment as documentation for payments, along with a copy of this completed form. Records must be retained for six (6) years from the end of the agreement.

Section 2: Reimbursement Spreadsheets

Excel document (*Reimbursement Spreadsheet 2014 Section 2*) sent with this manual.

Outdoor Heritage Fund Spreadsheet

Personnel		\$0.00				
		Over #	LSOHC	Beginning	Current	
	FTE	of	Approved	Balance	Invoice	Ending Balance
Position breakdown here		years				
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Total	0		\$0.00	\$0.00	\$0.00	\$0.00
Budget and Cash Leverage <i>(All LSOHC Funds must be direct to and necessary for program outcomes.)</i>						
Budget Item			LSOHC	Beginning	Current	TOTAL Ending
			Approved	Balance	Invoice	Balance
Personnel - auto entered from above			\$0.00	\$0.00	\$0.00	\$0.00
Contracts						\$0.00
Fee Acquisition w/ PILT (breakout in table 6 & 7)						\$0.00
Fee Acquisition w/o PILT (breakout in table 6 & 7)						\$0.00
Easement Acquisition						\$0.00
Easement Stewardship						\$0.00
Travel (in-state)						\$0.00
Professional Services						\$0.00
DNR Land Acquisition Costs						\$0.00
Other			\$0.00	\$0.00	\$0.00	\$0.00
Capital Equipment						\$0.00
Other Equipment/Tools						\$0.00
Supplies/Materials						\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00

Environment and Natural Resources Trust Fund Spreadsheet

Section 2 - Reimbursement Spreadsheet

Instructions:

1. Enter your budget from your current approved work program/accomplishment plan (Attachment A)
2. Update the beginning balances with the ending balance from your previous Reimbursement Spreadsheet.
3. Insert the amounts of your current invoice by category and provide the total.
4. Calculate the ending balances for this reimbursement request.
5. Attach copies of (1) invoices, receipts, time records and (2) proof of payment (if requested).
6. Fill out and submit the Project Reimbursement Payment Request Form
7. Send completed documentation to the State's authorized representative.

Grantee's

Title:

Legal

Citation:

Period

Covered by

Request:

Laws of Minnesota 20____, Chapter ____,
Article ____, Section ____, Subdivision ____

_____ to _____

Request #:

Outcome/Activity Budget from Work
Program/Accomplishment Plan

Budget Item	Outcome/Activity 1: (Insert Title of Result)			
	Budget	Beginning Balance	Current Invoice	Ending Balance
Use information from Attachment A				\$0.00
Personnel				\$0.00
Contracts				\$0.00
Travel Expenses				\$0.00
Column Total	\$0.00	\$0.00	\$0.00	\$0.00

Project Total Budget from Work Program/Accomplishment Plan

Budget Item	Project Total			
	Budget	Beginning Balance	Current Invoice	Ending Balance
Use information from Attachment A	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
Column Total	\$0.00	\$0.00	\$0.00	\$0.00

Section 3: Project Activity Summary Spreadsheet

Excel document (*Project Activity Summary Spreadsheet 2014 Section 3*) sent with this manual.

Grantee: Northern Conservation

PO #3-1234

Request Number: 9

Date Range:

4/1-4/5/13

Transaction Date	Description- ie. vendor, contractor, restoration site location, etc.	Category	Requested Amount
4/1/13	Johnson Nursery - Seeds for Lafayette Park	Supplies	4,265.31
4/1/13	Johnson Nursery - Mulch for Spring Park	Supplies	2,039.07
4/5/13	Restoration Inc. - Herbicide application, Lafayette Park	Contract	3,600.00
4/5/13	Restoration Inc - Burn for Spring Park	Contract	7,430.00
	Total		17,334.38
	Personnel		0.00
	Contracts		11,030.00
	Supplies		6,304.38
	Travel		0.00
	Total Request #9		17,334.38