

2017-2018 Great Lakes Restoration Initiative
Engaging Citizens to Improve our Great Lakes Watershed through
Strategic Community Forestry Efforts
PARTIAL GRANT PAYMENT FORM
For Grant Funded Reimbursement

FOR DNR USE ONLY	
Date received:	Occurrence date:
Received by:	Total amount:

Instructions:

1. Complete and sign Partial Grant Payment Form
2. Attach copies of invoices, proof of purchases, contractor payments and other documentation as requested. File originals.
3. Mail Partial Payment Form to: Valerie McClannahan, DNR Forestry, 500 Lafayette Rd., St. Paul, MN 55155-4044
 - Or -
 Email form and scan all files from Instruction 2 to Valerie.McClannahan@state.mn.us

As a Grantee you are expected to make initial purchases, and then request reimbursement under the terms of the grant agreement. You can receive partial payments of your total grant only up to 90 percent of the grant funds awarded. The remaining 10 percent or more of the grant funds will be paid after completion of the final report.

This form is what you will fill out when you are requesting grant funds to reimburse you for purchases that you have made. Items eligible for compensation and reimbursements with grant funds include, but are not limited to the purchase of:

- trees.
- water bags.
- tools that will be utilized by your volunteer group which include but are not limited to pruning shears, handsaws, shovels, etc.
- mulch.

Not every box in the form will be applicable. Please fill out all that are for each invoice you would like reimbursement for. If receipt or proof of payment has non-reimbursable items on it, highlight the items you are requesting reimbursement for and put the total dollar amount you are requesting reimbursement in the "Total Amount" box.

1. Organization: _____

SWIFT Contract/PO No(s): _____
(Number can be found in your grant agreement)

Contact Name: _____ **Contact Phone:** _____

Contact email: _____

2. Payment Information - Make grant payment payable to:

Name _____ **Checking Account number:** _____
(For direct deposit)

Address: _____ **City:** _____ **Zip:** _____

3. Invoice Summary

Invoice Number	Vendor Name	Description of Purchase	Total Amount
Invoice Date	Date Service Performed <i>(If applicable)</i>	Quantity of item(s) purchased or hours worked	Unit price/Prorate
Justification for Purchase			
Invoice Number	Vendor Name	Description of Purchase	Total Amount
Invoice Date	Date Service Performed <i>(If applicable)</i>	Quantity of item(s) purchased or hours worked	Unit price/Prorate
Justification for Purchase			
Invoice Number	Vendor Name	Description of Purchase	Total Amount
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Justification for Purchase			
Invoice Number	Vendor Name	Description of Purchase	Total Amount
Invoice Date	Date Service Performed <i>(If applicable)</i>	Quantity of item(s) purchased or hours worked	Unit price/Prorate
Justification for Purchase			
Total Amount			

I certify this information is valid and factual as described in this report and that all costs are eligible for GLRI grant reimbursement:

Signature of authorized community/organization official

Title

Date