



## Project Reimbursement Payment Request Form

### Grantee Information

Fund LSOHC or LCCMR:
Grantee:
Grantee Remit to Address:
Project Name:
Appropriation citation:
SWIFT PO Number:
Request Number:
Period for which funds are being requested:
Amount of Request:
Final Request Yes or No:

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 Block

Grantee Authorized Signature:
Printed name:
Date:
Phone Number:
Email:

FOR DNR USE ONLY

Dollar amount reimbursement approved

Date Received:

**Purchase Order Number**  
(Use 3000XXXX Format)

**Receipt:**  
(PO < FY 24 = Yes  
PO FY 24 and > = No)

Yes

No

Primary Reviewer:

Second Reviewer

DNR Staff  
Signature

DNR Staff  
Signature

Ok to pay