**C****hecklist**

Please use this checklist to ensure that your reimbursement request is complete.

**For all projects**

* Reimbursement Request Form
* Project Cost Summary Sheet
* Invoices with warrant or canceled checks
* Copy of bid advertisement
* Copy of summary of bids
* Copy of Bid Contract including any change orders
* Property Deeds With Recorded Land Restriction

**Land Acquisition**

* Recorded Warranty Deed(s)
* Warrant check or evidence of payment
* Statement of Just Compensation
* Written Offer to Purchase
* Statement of Owner(s)
* Statement(s) of Difference in Value (if applicable)
* Attorney’s Certificate of Title and 5 Year History of Conveyance
* Report of the Commissioners (If acquisition by eminent domain)

Rev 2/11

**REIMBURSEMENT REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Request Number: | Authorized Grant Recipient: | | |
| Period for which funds are being requested: (month /date/year) | Name: |  |  |
| From: | Title: |  |  |
| To: |  |  | Date: |
| Amount of Request | Signature |  |
| $ | I certify that I am the individual authorized to request funds. | | |
|  | Phone: |  |  |
|  |  | (area code, phone number, extension) | |
| Remarks: | | | |

|  |  |  |
| --- | --- | --- |
| Project Number: | Grant Recipient: | Project Name: |
| Address for Payment: | | |

:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Department Use Only** | | | | | | |
| **Contract #:** | | | |  | | |
| Payment approved in the amount of | | | | $ | | |
| Claim 1 | | Claim 2 | Claim 3 | Claim 4 | PARTIAL | FINAL |
| Dept R29 | FY: | | | Vendor Number: | | |
| Invoice Field: | | | | Voucher #: | | |
| I certify that the goods and/or materials covered by this claim have been inspected and received or the services have been performed and are in accordance with the grant agreement, and therefore is recommended | | | | | | |
| Approved By: | | | | Date: | | |

**Project Cost Summary Sheet Project Number: Attach copies of all invoices and warrant checks.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Vendor | ( Item Description / Land  Description) | Invoice or  Check # | Amount | For  State Use |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  | Total Cost | | | $ 0.00 |  |
|  | Reimbursement Total: | | | $ |  |