**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 / LandDescription) | Invoice orCheck # | Amount | ForState Use |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  | Total Cost | $ 0.00 |  |
|  | Reimbursement Total: | $ |  |