602 South Main, Joplin, MO 64801
phone: 417.625.4789 fax: 417.624.7948

FY12 Grant Reimbursement Form

SECTION A:

Name of Organization:_____ Event:_____

Address:_____

Total amount of grant awarded: $_____

Amount reimbursed to date: $_____

Amount requested today: $_____

Remaining grant balance: $_____

Would you like the check mailed to you or pick up at City Finance Dept.?_____

Note: It is the responsibility of the participant to keep track of amounts reimbursed to date as well as the remaining grant balance.

SECTION B:

Itemize each expense that is being submitted for reimbursement today in the space below. (Include description of ad or materials, name of publication, drop dates, number to be distributed for mailings etc.)

1._____

2._____

3._____

4._____

SECTION C:

Attach separate copies of the items listed below to this reimbursement form. ***All items must be submitted on separate sheets of paper. Do not combine copies of checks or invoices on one sheet.***

Copy of ad or material submitted
Copy of original vendor invoice
Proof of payment
Completed reimbursement form

_____ _____
Signature of Project Manager Date Submitted