



ATV Grant Reimbursement Request

DATE: _____

Sponsor Name:	ATV Agreement #:	Billing #:
Project Title:		
Billing Period:	Partial:	Final:

PROJECT / GRANT SUMMARY

a. Grant Amount:	\$
b. Grant Match:	\$
c. Project Total:	\$
d. Hold Back (a x .10)	\$

EXPENDITURES:	Costs Incurred this Period	Costs & Advances Billed Previously	Total Costs to Date	Balance of ATV Grant
Salaries and Wages				
Equipment, Materials and Supplies				
Other				
Sub-Totals - Expenditures:				

MATCH VERIFICATION:	Match amount this period	Match period from Previous Periods	Total Match to Date	Balance of Project Match
Salaries and Wages				
Equipment, Materials and Supplies				
Other				
Sub-Total - Match:				

Total Match and Expenditures on Project to Date
\$

Documentation Supporting Expenditures and Match will be required for every Reimbursement.

I certify that this billing is correct and is based on actual costs incurred and can be supported with documentation on file with the Sponsor.

I also certify that the work and services which have been performed to date are in accordance with the approved project agreement including amendments thereto; and that this Sponsor has complied with all applicable State and local statutes.

I agree to retain records pertaining to this billing for three years past the project completion date.

I certify that this Sponsor, is not involved in any court litigation or lawsuit wherein it is alleged by private parties of the United States that persons were, on the grounds of race, color or natural origin excluded from participation in, denied benefits of, or otherwise subject to discrimination in the programs or facilities of this Sponsor.

Signature: _____ Date: _____

For OPRD Use Only:

Authorized Payment by: _____	Date: _____
Grant: _____ Phase: _____ PCA: _____ A Object: _____	Sub-Grantee: _____
Amount of Reimbursement: _____	