

IWMPPF

Expenditures Report and Reimbursement Request Guide

PROJECT NAME: Should be spelled out the same as in the contract.

CONTRACT NUMBER: ___-___-___ (see Contract Information page on web site)

FY: Fiscal Year Contract for which reimbursement is sought (2006-07; 2007-08; etc)

CLAIM NUMBER: A sequential number (starting with No. 1) given to each additional claim by project.

REPORT SUBMITTED BY: This is the person's printed name signing the form; this should be the Recipient's Representative listed in the contract.

PERIOD COVERED: Usually the date of last claim until date of most recent expense.

GRANT TOTAL: The total amount listed in PART 1, § 1.01 of the contract.

REIMBURSED TO DATE: The sum total of all prior reimbursements.

REMAINDER OF STATE FUNDING: The Grant Total less the amount Reimbursed to Date.

BUDGET CATEGORY: Use the same Numbers and Categories provided on your Budget Summary in your Application.

ITEMIZED EXPENSES: Description of expense numbered to match the attached supporting documentation (copy of bill or receipt, copy of cancelled check, Work log, etc.)

FEDERAL CONTRIBUTIONS: List the total amount received if any.

OTHER CONTRIBUTIONS: List the total amount received if any.

LOCAL SHARE: List the total amount you have contributed.

IWMPPF SHARE: List the amount per expense you are requesting reimbursement for.

TOTALS: Sum of each column.

CERTIFICATION & SIGNATURE: Signature of Recipient's Representative certifying that the above described expenses were used for this project, and are true and correct.