

## Reimbursement Payment Request Form

<b>SWIFT PO Number:</b>	<b>Grantee:</b>	<b>Program Name:</b>
<b>Request Number</b> _____  Period for which funds are being requested: From: _____ To: _____  Amount of Request \$ _____  Final Request: Y / N	<input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures reported are as shown within the attached supporting documentation. <u>I certify that the expenditures reported have not been reimbursed from another source, and were used exclusively for this program.</u> Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.).  Note: All original supporting documentation (e.g. receipts, invoices, proof of payment, and signed payroll records) will be retained by the Grantee as required by the MDVA Grants Manual (Ref. Section V.)  _____ Signature <span style="float: right;">Date</span>  _____ Name, Title  Daytime Phone Number: _____  e-Mail: _____	
Remarks:		

### For MDVA Use Only

I have reviewed the evidence provided by the Grantee for the goods, materials and/or services presented and they satisfy State requirements for reimbursement under the pass through agreement.	
Reimbursement approved for: \$ _____  By: _____ Title: _____ Date: _____  <b>2nd Review</b> By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Please keep original supporting documentation (invoices etc.), along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.