

APPENDIX C

Reimbursement Payment Request Form

Grantee:	Program Name:	SWIFT P.O. Number: <small>(Ref: Executed grant agreement)</small>
Payment Number <i>(e.g. #1, #2 or Q1, Q2)</i> _____ Invoice date range: From: <i>(earliest date):</i> ____/____/____ To: <i>(latest date):</i> ____/____/____ Amount of Request \$ _____ Final Payment: __Y/ __N Grant Closeout: __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 are accurate and are as reported. Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.) and the grantee grant agreement. <i>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.)</i> _____ Signature Date _____ Print 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: _____ 2nd Review <i>(if required)</i> By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; height: 200px; 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.