

# APPENDIX C

## Reimbursement Payment Report Request Form

<b>Grantee:</b>	<b>Program Name:</b>	<b>SWIFT P.O. Number:</b> <small>(Ref: Executed grant agreement)</small>
<b>Payment Number</b> (e.g. Q1, Q2, M1, M2...)  Invoice date range: From: <i>(earliest date)</i> :  To: <i>(latest date)</i> :  Reimbursement Amount \$  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 <span style="float: right;">Date</span>  _____ 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 this agreement.															
Report approved for: \$  By: Title: <b>MDVA Grants Specialist</b> Date: <b>2nd Review</b> <i>(if required)</i> By: Title: Date:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Payment Authorized</td> </tr> <tr> <td style="width: 60%;">PO#</td> <td></td> </tr> <tr> <td>INV#</td> <td style="text-align: right;">AMT</td> </tr> <tr> <td style="text-align: center;">P or F</td> <td></td> </tr> <tr> <td>VOUCHER #</td> <td style="text-align: right;">DATE</td> </tr> <tr> <td>INPUT BY</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">APPROVAL</td> </tr> </table>	Payment Authorized		PO#		INV#	AMT	P or F		VOUCHER #	DATE	INPUT BY		APPROVAL	
Payment Authorized															
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APPROVAL															

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.