



602 South Main, Joplin, MO 64801
phone: 417.625.4789 fax: 417.624.7948

FY10 Grant Reimbursement Form

SECTION A:

Name of Organization: _____

Name of Event: _____

Total amount of grant awarded: \$ _____

Amount reimbursed to date: \$ _____

Amount requested today: \$ _____

Remaining grant balance: \$ _____

Note: It is the responsibility of the participant to keep track of amounts reimbursed to date as well as the remaining grant balance.

SECTION B:

Itemize each expense that is being submitted for reimbursement today in the space below. (Include description of ad or materials, name of publication, drop dates, number to be distributed for mailings etc.)

1. _____
2. _____
3. _____
4. _____

SECTION C:

Attach separate copies of the items listed below to this reimbursement form. **All items must be submitted on separate sheets of paper. Do not combine copies of checks or invoices on one sheet.**

Copy of ad or material submitted

Proof of payment

Copy of original vendor invoice

Completed reimbursement form

Signature of Project Manager

Date Submitted