PRIDE GRANT REIMBURSEMENT REQUEST DUE by May 31, 2017 RECIPIENT ORGANIZATION Contract Number: NAME: ADDRESS: PHONE: DATE of **Purchase NAME of SUPPLIER (Where Purchase DESCRIPTION OF ITEM AS LISTED IN FUNDS TO BE** MATCHING or Activity **APPROVED BUDGET REIMBURSED FUNDS** was made) **TOTAL** NUMBER OF SHEETS ATTACHED _____ TOTAL FROM ATTACHED PAGES **TOTAL FROM ALL SHEETS** ATTACH ALL INVOICES AND/OR SALES SLIPS ALONG WITH MATCHING DOCUMENTATION. I attest that all invoices and matching documentation is a true representation of the expenses incurred for the above organization. Signed by Representative Signed by Preparer Date

Printed Name

Revised August 2004

Printed Name