PRIDE GRANT REIMBURSEMENT REQUEST

DUE by May 31, 2018

RECIPIENT ORGANIZATION

NAME: _____

ADDRESS: _____

_____

PHONE: _____

Grant Number:

DATE of Purchase or Activity	NAME of SUPPLIER (Where Purchase was made)	DESCRIPTION OF ITEM AS LISTED IN APPROVED BUDGET	FUNDS TO BE REIMBURSED	MATCHING FUNDS
		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 Authorized Representative **Signed by Preparer** **Date**

_____ _____

Printed Name **Printed Name**

Revised June 2017