

PRIDE GRANT REIMBURSEMENT REQUEST

DUE by September 15, 2018

RECIPIENT ORGANIZATION

NAME: _____

ADDRESS: _____

PHONE: _____

Contract 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