

PRIDE GRANT REIMBURSEMENT REQUEST

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 Representative

Signed by Preparer

Date

Printed Name

Printed Name