Grantee Information

Grantee Name: Entity
Name mgr
Street
City state zip phone number

Grant Agreement #: ________ Fund Grant # - ###

Amount of Reimbursement Requested: $________________________

I certify that the goods or services specified on this request for payment were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the grant agreement to which this request for payment relates, and that the amount shown below on this request is correct and approved for payment.

By: ________________________________ Date: __________________________
(Signature)

Name: ______________________________ Title: __________________________

Grantee F.E.I.N. / TIN: ______________________________________________

Please forward purchase receipts and supporting documentation to Susan J. Duke Grant Administrator.

For DNR Use Only

Approved for Payment: __________________________
(Signature)
Name:
Date: ___________________________________________