

N.C. Forest Service Urban and Community Forestry Financial Assistance Program REQUEST FOR REIMBURSEMENT

Contract # _____ Check Applicable: Cost Share _____ Match Share _____ No Match _____

Grantee Name: _____

PART I	PART II
<p>Request #: _____ Final Request? _____</p> <p><u>Reimbursement Period:</u></p> <p>From: _____ To: _____</p> <hr/> <p style="text-align: center;">Federal Tax ID Number</p> <hr/> <p style="text-align: center;">Unique Entity ID</p>	<p>Final Reimbursement Date Project Completed _____</p> <p><u>Total Project Cost (current and previous reimbursements)</u></p> <p>A. Total Reimbursements \$ _____</p> <p>B. Total Cash Match \$ _____</p> <p>C. Total In-Kind Match \$ _____</p> <p>D. Total Match (B+C) \$ _____ <small>(must equal or exceed Total Payments)</small></p> <p>E. Total Project Cost (A+D) \$ _____</p>
<p>A. Funds Requested for Reimbursement (This Period) \$ _____</p> <p>B. Cash Match this Period \$ _____</p> <p>C. In-Kind Match this Period \$ _____</p> <p>Total Match this Period (B+C) \$ _____</p>	<p><u>For NCFS Official Use Only</u></p> <p>Amount: \$ _____</p> <p>Payment Approved by: _____</p> <p>Date: _____</p>

Grantee Certification: I certify that this request for payment is in accordance with the terms and conditions of the North Carolina Urban and Community Forestry Financial Assistance Program and the rules and regulations set forth by the USDA Forest Service and the United States Office of Management and Budget. I also certify that applicable matching requirements have been met and sufficient documentation exists in our files, all data and accomplishments reported are correct and are available upon request or in the event of an audit.

Print Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

Instructions

1. Collect documentation **for expenses and for match items:** receipts, paid invoices, payroll records, etc. Number each document with an item # and note in the Doc Item # on the respective itemized on the Expense Form.
2. Complete the respective NCFS U&CF RFR Cost Share or Match Share Expense Report Form.
3. Complete Part I of this form, Parts II if this is the Final Reimbursement Request and the Grantee Certification saving file named with Contract#, Request# and date after completing your digital signature.
4. If requesting final reimbursement, complete the Final Report.
5. Email all documents to the NCFS Community Forestry Coordinator.
6. All project records, including financial records, must be maintained for 3 years beyond project completion.