REQUEST FOR REIMBURSEMENT OF FUNDS FORM (05-15)
Urban & Community Forestry Financial Assistance Program
Grant#: _____

Return form to: Frances Waite, U&CF Program Coordinator, SC Forestry Commission,
PO Box 21707, Columbia SC 29221 and also email all invoice and reporting docs to: FWaite@scfc.gov

| Make State Treasury Check Payable to: | For SC Forestry Commission Internal Use Only: |
|---|---|
| Grantee Name:_____ | G/L Account:_____ |
| Federal Tax ID Number (FEIN)_____ | Amount Requested: $_____ |
| SCEIS Number_____ | Cost Center: _____ |
| Grantee Address: _____<br>_____<br>_____ | Functional Area: _____<br>Fund Code:_____<br>Grant Number:_____<br>De-obligated funds: _____ |

A. GRANT AWARD (enter federal grant dollar amount) A. $_____

B. FUNDS REQUESTED TODAY B. $_____

C. TOTAL OF PREVIOUS FUNDS REQUESTED C. $_____

D. BALANCE AVAILABLE FOR FUTURE REIMBURSEMENTS (A minus B and C) D. $_____

Is this your final request for reimbursement of funds? ☐ yes, ☐ no

If yes, enter the date the grant project was completed _____

GRANTEE CERTIFICATION:
I certify that this request for funds has been requested in accordance with the terms and conditions of the SC Forestry Commission and the rules and regulations set up by the US Office of Management & Budget. I also certify that the funds being requested have been earned by the above named grantee and the local matching requirement were met and sufficiently documented. Documentation of all paper work associated with the implementation of this grant project must be kept for three years from the date of completion above. In addition, I certify that the data and information reported is correct.

Signature of Authorized Grant Representative:

_____Date: _____

FOR SC FORESTRY COMMISSION USE ONLY
Reimbursement documentation reviewed by: _____ Date: _____
Reimbursement processed by: _____ Date: _____
Reimbursement approved by: _____ Date: _____