
Grant Award Number

QUARTERLY REIMBURSEMENT REQUEST

TITLE OF PROJECT: _____				
GRANTEE: _____				
REPORT QUARTER ENDING:	9/30	12/31	3/31	6/30

Amount of Award \$ _____

Requested to Date \$ _____

Amount Available to be Drawn \$ _____

Amount of Request \$ _____
(Attach Quarterly Financial Report
for Budget Detail Expenditures)

Balance (after receipt of Request) \$ _____

<p><u>PAYMENT TO: (This Section must be completed by Grantee in order to receive payment)</u></p> <p>Federal Identification Number: _____</p> <p>Authorized Payee: _____</p> <p>Mailing Address: _____</p> <p>_____</p>
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I CERTIFY That to the best of my knowledge, information and belief the amounts reported above are correct and accurate, that all expenditures will be made in accordance with grant conditions and that payment is due and has not been previously requested.

Fiscal Officer or Project Director

Date Request Submitted

Approved by Executive Director/Deputy Director of VTTC

Date of Approval