

**ENERGY INFRASTRUCTURE & IMPACT OFFICE**  
**Request for Reimbursement**

1707 North 9th Street  
PO Box 5523  
Bismarck, ND 58506-5523  
Fax 701-328-3650

**Funds will not be disbursed to grant recipients until projects are substantially complete and cash is available in the fund.**

**To the extent possible, accumulating and grouping of reimbursement requests would be appreciated**

Name of Subdivision: \_\_\_\_\_ Grant #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Claim Amount Requested (**Attach copies of invoices & proof of payment to this request**): \$ \_\_\_\_\_

**Listing [By Vendor] Of Expenses Covered By This Grant:**

	<b>Vendor</b>	<b>Invoice # / Check #</b>	<b>Amount</b>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____

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Under the penalties of perjury, I swear that the foregoing information is true and correct to the best of my knowledge, information and belief, and that I am duly authorized to conduct business on behalf of the aforementioned political subdivision; and that the requested funds will be used for the stated purpose in accordance with the approved grant documentation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board Chairman/President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Financial Officer