

**Ozark Rivers Solid Waste Management District
Financial Assistance Award – Invoice for Payment**



Grant Number: K

Date of Request:

Recipient:

Funds Requested: \$

Payee	Cost Category	Grant Funds Requested	Match Provided

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made or will be made in accordance with the subgrant and that payment is due and has not been previously requested.

Signature of Grant Recipient

Date

 Title of Grant Recipient

The Recipient will be reimbursed for all allowable expenses and/or expenditures incurred in completion of the approved grant project. All requests for reimbursement and/or payment must be fully completed and signed by the Recipient, identifying the amount(s) of grant funds requested through ORSWMD and providing proof of payment for all expenses and/or expenditures per reimbursement procedures. This request must identify the Recipient’s share of matching funds and must provide proof of the Recipient’s payment of such matching funds, if applicable. Reimbursement paperwork must be completed within 45 days of the end of the grant period.

For Office Use Only