



SOLID WASTE MANAGEMENT DISTRICT O REQUEST FOR REIMBURSEMENT

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Grant Number: _____ Grantee: _____

Financial Assistance Award Amount: _____ Amount Requested: _____

Reimbursement Requests must include:

- ***Completed & Signed Request Form***
 - ***Invoice***
 - ***Receipt***
- ***Canceled check or other proof of payment***
- ***Title showing SWMDO as first lienholder (when applicable)****
 - ***Proof of insurance (when applicable)*****

All required records must be submitted as one document. Multiple attachments will not be accepted.

At this time, I am submitting a request for reimbursement with District O. I certify 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.

GRANTEE REIMBURSEMENT FORM

DATE	PAID TO	LINE ITEM	DESCRIPTION	AMOUNT REQUESTED

RECIPIENT:

Authorized Grantee Official: _____ Date: _____

NOTES: