

\_\_\_\_\_  
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><b><u>PAYMENT TO: (This Section must be completed by Grantee in order to receive payment)</u></b></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 of VTTC

\_\_\_\_\_  
Date of Approval