



**COUNTY OF INYO
COMMUNITY PROJECT SPONSORSHIP PROGRAM
REIMBURSEMENT REQUEST FORM**

Mail Reimbursement Request To:

County of Inyo
Community Project Sponsorship Program
P. O. Drawer N
Independence, CA 93526

Total Requested _____

Mid Project Request _____
(list relevant invoices)

Final Payment Request
(if yes, complete all sections
below)

Grant Recipient Name _____

Project Name _____

EXPENDITURES (LIST ONLY THOSE FOR WHICH INVOICES ARE ATTACHED)

INVOICE DATE	VENDOR NAME	DESCRIPTION OF SERVICES RENDERED	INVOICE AMOUNT

Invoice Total _____

Total Reimbursement requested (if different) _____

CHECK LIST FOR FINAL REIMBURSEMENT

Sample of Promotional Materials Identifying Inyo County as a Sponsor of the Activity

Date Project/Event Completed _____

Final Report to the Board of Supervisors
Oral Report
Written Report

Report of Eligible Staff Costs

Documentation of All Eligible Expenses

I certify that all expenditures associated with this reimbursement request are consistent with the grant agreement between the Grant Recipient named above and the County of Inyo

Signature of Representative _____

Title _____

Date _____