

Notice: Project Sponsors are required to provide information requested on this form when applying for payment of a grant funded by the Department. The Department will not process your payment request unless you provide all information requested. This information will be used to determine the amount of your payment and issue your check. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Fill in the Grant Recipient Name, Grant Number, your Cost Share Percentage (i.e., required percent match), and the total amount of match that you are submitting with this request. In the table below or on an attached sheet, list the items that you are submitting as eligible charges and attach the necessary receipts, invoices, and/or other documentation. Remember that all eligible charges (including match) must occur within the project Funded Grant Period. You may only request reimbursement for costs already accrued, and the sum of all requests may not exceed the total amount of your LIP award. Sign this form and return it to the LIP Coordinator.

Grant Recipient:	<input style="width: 95%;" type="text"/>	Grant Number:	<input style="width: 95%;" type="text"/>
Recipient Cost Share Percentage:	25.00%	Match Submitted with this Request:	\$0.00
	Amount Based on Match		<i>(Will Auto Calculate if using the sheet below)</i>
Eligible Reimbursement: (lesser of these 2 figures)	\$0.00	Amount of Reimbursement For This Request:	\$0.00
	Total Costs Accrued Below		<i>Remaining Balance on LIP Grant</i>
<i>(100 – Recipient Cost Share) * (Match Submitted) (Recipient Cost Share)</i>		A signature is required. Please sign below.	

Please list all expenses and match submitted as part of this Reimbursement Request in the table below or in an attached sheet. Also attach receipts, invoices, signatures for volunteer labor, etc. and sign the form below.

Date	Included Documentation (Invoice #, Spreadsheet, etc)	Payee or Donating Party	Eligible Project Cost Description	Total Cost reimbursable + match) (=	Amount Donated (Match)
Total				\$0.00	\$0.00

X Cost Share Recipient Signature	(Date)
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