

REGION M WASTE MANAGEMENT DISTRICT
FY2027 Invoice for Payment Reimbursement

Recipient: _____

Date: _____ Project #: _____

GRANTEE REIMBURSEMENT FORM

DATE / DATE RANGE	PAID TO	BUDGET CATEGORY	DESCRIPTION	AMOUNT REQUESTED

TOTAL REIMBURSEMENT REQUESTED:	
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The Recipient will be reimbursed for all allowable expenses and/or expenditures incurred or created 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 or amounts of grant funds requested through Region M and providing all proof of expenditures, including proof of payment going through a financial institution.

Subject to 15% retainage as per Sec. 8 of the Financial Assistance Agreement.

A minimum of a 5-year security interest in all equipment purchases exceeding \$5,000.00 is required by filing a UCC-1 with the Missouri Secretary of State and/or listing Region M as lien holder on any titled vehicles or equipment.

RECIPIENT:

Signature

Date

NOTES: