REGION M WASTE MANAGEMENT DISTRICT Financial Assistance Award - Invoice for Payment Reimbursement Recipient: Date: Project #: _____ **GRANTEE REIMBURSEMENT FORM** DATE / **BUDGET AMOUNT PAID TO DESCRIPTION DATE RANGE CATEGORY REQUESTED** TOTAL REIMBURSEMENT REQUESTED: \$ 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, edentifying the amount or amounts of grant funds requested through Region M and providing all proof of expeditures, 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:**