

OREGON MILITARY DEPARTMENT
OFFICE OF EMERGENCY MANAGEMENT
SEISMIC REHABILITATION GRANT
REIMBURSEMENT REQUEST WORKSHEET

Project Title: _____	Grant No.: _____
Sub grantee: _____	Billing #: _____
Reimbursement Period: _____	

* Each line item **MUST** be accompanied by a copy of an invoice or sales receipt **and** proof of its payment (check copy - front and back or credit card statement) in order to be considered for reimbursement.

Date Pd	Pmt. No.	Invoice #	Payee	Budget Classification								Invoice Total	
				Architectural	Engineering	Construction Mgt.	Construction Labor / Materials	Permitting / Inspection	Insurance	Testing	Relocation Costs		
1													\$0.00
2													\$0.00
3													\$0.00
4													\$0.00
5													\$0.00
6													\$0.00
7													\$0.00
8													\$0.00
9													\$0.00
10													\$0.00
11													\$0.00
12													\$0.00
13													\$0.00
14													\$0.00
15													\$0.00
16													\$0.00
17													\$0.00
18													\$0.00
19													\$0.00
20													\$0.00
21													\$0.00
22													\$0.00
23													\$0.00
24													\$0.00
25													\$0.00
26													\$0.00
27													\$0.00
28													\$0.00
29													\$0.00
30													\$0.00
31													\$0.00
32													\$0.00
33													\$0.00
34													\$0.00
35													\$0.00
36													\$0.00
37													\$0.00
Total					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Invoices
Less Match Percentage (if applicable)
Reimbursement Amount Requested

\$0.00
\$0.00