PARKS AND RECREATION TRUST FUND Request for Reimbursement with Donated Land Value

Project Information							
Grantee:			Project Number:				
Project Name:							
Project Period Start Date:	Reportin	g Perio	od Start Date:	Request Number:			
Project Period End Date:	Reporting Period		od End Date:	Туре	Type of Request: (check one)		
				Partia		Final	
Determine Donated Value: Land th	at is dona	ted or	purchased for le	ess than	apprais	sed value	
Appraised Value \$ Minus Purchase Price (if applicable) \$< > Donated Value (DV) \$							
Summary of Expenditures							
A. Total Expenditures for this Request for Reimbursement					\$		
B. Total Expenditures to date					\$		
Compare donated value (DV) with expenditures for this request (A) 1. If DV greater than or equal to A, reimbursement is equal to A 2. If DV is less than A, reimbursement is [DV + 50% of (A-DV)] Note: If DV is greater than A, the excess donated value will be carried over to subsequent reimbursement requests.					\$		
Certification: I certify that this inform accounting standards and principles. of and in accordance with the terms of during the time period indicated above retained in our files for future audits. government bidding requirements.	Expenditu the grant of and does The contr	res are contrac not du	e based on actual t. The funds requ plicate a previous used on the proj	payment ested are request. ect were	ts of red for rein The de	cord for the purpose mbursement of costs ocumentation will be	
Authorized Representative (Print or Type): Name: Telephone Number:							
Title:							
Signature of Authorized Representative			Date				
For Department of Natural and Cultural Resources Use Only							
Approval for Payment by Regional Co	for Payment by Regional Consultant						
Date		Date					