

Community Environmental Project Fund *Reimbursement Request Form

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| Project Name: | CEPF Project No: |
| CEPF Grant Amount: | Billing No: |
| Total Match (Cash): | Check One: () Initial () Progress () Final |
| Total Match (Other): | |

| Expense Categories | | | | | | | | |
|----------------------------|----------------------------|-----------|----------|-----------|--------------------------|---------------------------|----------------|-----------------------|
| **Staff | Consultant | Equipment | Supplies | Telephone | Meetings/ Conferences | Miscellaneous Expenses | Total Expenses | CEPF Reimbursement |
| ____ Hrs.@ ____ Per Hr. | ____ Hrs.@ ____ Per Hr. | | | | | | | |
| | + | + | + | + | + | + | = | |

***Reimbursement Requests must be accompanied by supporting documentation. Please provide Proof of Purchase: Receipts, Original Invoices, Signed Timesheets, Payroll Register, etc, AND; Proof of Payment: Credit Card Statement, Copy of Check. **Please identify additional staff on the reverse side. Personnel costs are limited to 20% of the total project budget.**

I certify that to the best of my knowledge and belief that billed costs of disbursement are in accordance with the terms of the Project Agreement.

| | |
|--------------------|----------------------|
| Typed Name: | Title/Agency: |
| Signature: | Date: |

Submit Reimbursement Request To:
 Gail Henderson
 Administrative Specialist
 Gail.Henderson@state.de.us
 Office of the Secretary
 89 Kings Highway
 Dover, DE 19901
 302-739-9000