



B.A.R.N. GRANT REIMBURSEMENT REQUEST FORM

Grant progress reports must be current before reimbursements will be made

CONTACT INFORMATION:

Grantee/Farm Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

REIMBURSEMENT REQUEST:

REQUEST#: \_\_\_\_\_

- 1. Grant Amount Awarded \$ \_\_\_\_\_
2. Grant Funds Received to Date \$ \_\_\_\_\_
3. Amount of This Request \$ \_\_\_\_\_
4. Balance of Grant Remaining (upon receipt of this request) \$ \_\_\_\_\_

EXPENDITURE JUSTIFICATION:

List project expenses from the budget page of the application that attached invoices, statements, and canceled checks represent. The budget submitted in the application is the approved budget. Only the expenses outlined in the application document will be reimbursed. Fifty percent (50%) of qualified paid expenditures will be reimbursed. Not to exceed the amount of the grant.

Table with 2 columns: EXPENSE NAME, EXPENSE AMOUNT. Includes three rows for listing expenses with dollar signs and blank lines for amounts.

CERTIFICATION:

I HEREBY CERTIFY THAT THE INFORMATION REPORTED ABOVE IS CORRECT AND THAT THE AMOUNT REQUESTED IS FOR ACTIVITES RELATED TO THE GRANT PROJECT.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL: (Kansas Tourism approval only)

Kansas Tourism Representative \_\_\_\_\_ DATE \_\_\_\_\_

# INSTRUCTIONS FOR REQUEST FOR REIMBURSEMENT

## **PART I – CONTACT INFORMATION**

GRANTEE NAME, ADDRESS, PHONE AND EMAIL  
As it appears on your Grant Contract

## **PART II – REIMBURSEMENT REQUEST**

ENTER REQUEST NO. (Sequential number of your request)

1. GRANT AMOUNT AWARDED

Enter total amount shown on your Grant Contract.

2. GRANT FUNDS RECEIVED TO DATE:

Enter total amount of all funds received to date under this Grant Award

3.. AMOUNT OF THIS REQUEST

Enter amount of the reimbursement request. Minimum request is \$500.00.

4.. BALANCE of Grant Remaining: Grant Amount Awarded (1) minus - Grant Funds Received to Date (2) minus - Amount of This Request (3) equals = Balance of Grant Remaining (4).

## **PART III - EXPENDITURE JUSTIFICATION**

Provide an overview of how the requested funds correspond with the attached invoices or receipts.

## **PART IV – CERTIFICATION**

The signature should be the same as those on the contract and/or those authorized to request payment.

## **PART V – APPROVAL**

Will be completed by Kansas Tourism for state processing.

## **ATTACHMENTS**

An invoice with a voided check showing payment or a statement with paid status is to be attached to the request for reimbursement for the invoices paid through the grant. The Final Report should be included in your Final Grant Reimbursement Request.

Reimbursement is based on a 50/50 match. Each payment request does not need to meet 50% reimbursement of paid invoices to date, Kansas Tourism will audit the final request to ensure no more than 50% of total project cost is awarded.