



# Reimbursement Request Form

Grant semi-annual reports must be current before reimbursement will be made.

## Section 1 - Project Info

Complete the fields in this section using data from the customized reimbursement request form. Refer to your Grant Agreement for information on when to submit your final report and final reimbursement request.

<b>1. Recipient Name</b>		<b>2. Date Awarded</b>
<b>3. Project Name</b>		<b>4. Amount Awarded</b>
<b>5. Address</b>		
<b>6. City</b>	<b>7. Zip Code</b>	<b>8. County</b>

## Section 2 – Reimbursement Request

Grant award will be distributed in three payments as follows:

- A. 50% of the Grant Award when Grantee demonstrates that project has commenced to the satisfaction of Kansas Tourism.
- B. 25% of the Grant Award when 50% of the project has been completed and verified through provided images or site visit.
- C. The final 25% of the Grant Award when 100% of the project is completed and verified.

	Request #
<b>Grant Amount Awarded</b>	\$
<b>Grant Funds Received to Date</b>	\$
<b>Amount of this Request (Request the reimbursement you are submitting for this round)</b>	
1 <sup>st</sup> Reimbursement – 50% of awarded amount	\$
2 <sup>nd</sup> Reimbursement – 25% of awarded amount	\$
3 <sup>rd</sup> Reimbursement – final 25% of awarded amount	\$
<b>Balance of Grant Remaining (upon receipt of this request)</b>	\$

### Expenditure Justification

Please attach detailed description of project updates with expenses from the budget page of the application including receipts, invoices, canceled checks, and photos. The budget submitted in the application is the approved budget. Only the expenses outlined in the application document will be reimbursed. Kansas Tourism will audit the final request to ensure no more than 40% of the total project cost is awarded. All receipts will be needed for the final audit.

### Section 3- Certification

Enter the contact information of the person authorizing and submitting this report. By including your name below, you certify that the above report is complete, accurate, and you have the authority, granted by the recipient agency to submit this report on their behalf.

Name		Title	
Phone Number	Email Address		Date

### Section 4- Kansas Tourism Certification (to be completed by Kansas Tourism)

Name	Date Received	Certification date