



TASK GRANT PROGRAM REQUEST FOR REIMBURSEMENT

Grant progress reports must be current before reimbursements will be made.

CONTACT INFORMATION:

Grantee Name: _____ Contact Person: _____
 Mailing Address: _____ Phone: _____
 City, State, ZIP: _____ Email: _____

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 DETAIL:

List project expense category from budget page of application that the attached invoices, statements, and canceled checks represent. The budget submitted in the application is the approved budget. Only the expense categories 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.

EXPENSE CATEGORY	EXPENSE AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

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: (KS Tourism approval only)

KS Tourism Representative _____ DATE _____

Kansas Tourism
1000 SW Jackson St, Suite 100
Topeka, KS 66612