

**NC Parks and Recreation Trust Fund - Accessibility for Parks Project  
Request for Reimbursement**

**Project Information**

<b>Grantee:</b>	<b>Project Number:</b>
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**Project Title:**

<b>Project Period Start Date:</b>	<b>Reporting Period Start Date:</b>	<b>Request Number:</b>
<b>Project Period End Date:</b>	<b>Reporting Period End Date:</b>	<b>Type of Request: (check one)</b>  Partial _____ Final _____

**Summary of Expenditures**

A. Total Expenditures for this Request for Reimbursement	\$
B. Total Expenditures to date	\$
<b>Amount of this Request for Reimbursement (80% of A)</b>	\$

**Certification:** I certify that this information is correct and based on generally accepted local government accounting standards and principles. Expenditures are based on actual payments of record for the purpose of and in accordance with the terms of the grant contract. The funds requested are for reimbursement of costs during the time period indicated above and does not duplicate a previous request. The documentation will be retained in our files for future audits. The contractors used on the project were selected according to local government bidding requirements.

<b>Authorized Representative (Print or Type):</b> <b>Name:</b>  <b>Title:</b>	<b>Telephone Number:</b>
<b>Signature of Authorized Representative</b>	<b>Date</b>

For Department of Natural and Cultural Resources Use Only

Approval for Payment by Regional Consultant	Approval for Payment by Central Office
Date:	Date