



Reimbursement Invoice

S.C. Department of Health and Environmental Control
Office of Solid Waste Reduction and Recycling
2600 Bull Street, Columbia, SC 29201
Email: swgrants@dhec.sc.gov

FOR GRANTS OFFICE USE ONLY

PO Number: _____

Finance Pay This Amount: _____

Authorized Signature: _____

Date: _____

Grantee: _____

Grant Number: _____

Grant Type: (check one) Solid Waste
 Used Motor Oil
 Waste Tire

Telephone: _____

Fax: _____

E-mail: _____

BUDGET CATEGORIES <small>(See back for details.)</small>	GRANT AMOUNT	PRIOR REIMBURSEMENTS	THIS REIMBURSEMENT	BALANCE
Equipment/Supplies				
Contractor Costs				
Site Prep/Facilities				
Public Education				
Professional Development				
Other Direct				
TOTALS				

Itemize and describe all purchases for which reimbursements are being requested. (Add additional pages if necessary.)

INVOICE NUMBER	INVOICE DATE	VENDOR	AMOUNT	DESCRIPTION OF PURCHASES

Is this your final reimbursement request for this grant? YES NO

I certify that all expenditures have been made in accordance with the terms and conditions set forth in the grant agreement and with any changes in scope that were previously approved by DHEC's Office of Solid Waste Reduction and Recycling.

Grantee Signature: _____ Date: _____

Address: _____

Reimbursement Invoice Instructions

PURPOSE: This form must be completed by all grantees requesting reimbursement for expenditures as approved in the grant agreement budget.

1. **Grantee:** Fill in the name the name of the local government (grantee).
2. **Grant Number:** Provide the number assigned to the grant for which you are requesting approval. The number is listed on the grant agreement.
3. **Grant Name:** Check the appropriate grant for which you are requesting reimbursement.
4. **Telephone:** Include a telephone number for the contact person.
5. **Fax:** Include a fax number for the contact person.
6. **E-mail:** Provide an e-mail for the contact person.
7. **Budget Categories:** The categories match the categories listed in the grant agreement.
8. **Grant Amount:** List the amount of funds approved in the grant agreement for each category.
9. **Prior Reimbursements:** List the amount of funds in each category that have been reimbursed on this grant in the past.
10. **This Reimbursement:** List the amount of funds that are being requested in each budget category.
11. **Balance:** This is the amount of funds left in each budget category after all reimbursements have been subtracted from the Grant Amount.
12. **Invoice Number:** This is the invoice number included on each invoice/receipt.
13. **Invoice Date:** This is the date of the invoice.
14. **Vendor:** Include the name of the vendor providing the service (e.g., grant's recycling containers).
15. **Amount:** This is the amount of each invoice.
16. **Description of Purchases:** List the items purchased on each invoice (e.g., four 40-yard roll-off containers).
17. **Is this your final reimbursement request for this grant?** Check YES if this is the final reimbursement request. Check NO if there are additional funds to be requested.
18. **Grantee Signature:** This must be signed by the person completing the form.
19. **Date:** This is the date that the form was completed.
20. **Address:** This is the address of the person completing the form.