



REIMBURSEMENT INVOICE
SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
OFFICE OF SOLID WASTE REDUCTION AND RECYCLING
2600 Bull St. Columbia, SC 29201

GRANTEE:	GRANT #:
GRANT NAME: sw wo wt/ad	PHONE #:
	FAX #:

Budget Categories (see back)	Grant Amount	Prior Reimbursements	This Reimbursement	Balance
Equipment/Supplies				
Contractor Costs				
Site Prep/Facilities				
Public Education				
Smart Business				
Web Development				
Travel				
Other Direct				
TOTALS				

Is this your final reimbursement request for this grant?	Yes	No
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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 the Office of Solid Waste Reduction and Recycling.

Grantee Signature:	Date:
Address:	F.I.D.#:

FOR GRANTS OFFICE USE ONLY			
FINANCE PLEASE PAY THIS AMOUNT:	AIMS PO#:	DATE:	AUTHORIZED SIGNATURE:
\$			

Itemize and describe all purchases for which reimbursements are being requested:

INVOICE NUMBER	INVOICE DATE	VENDOR	AMOUNT	DESCRIPTION OF PURCHASES

REIMBURSEMENT INVOICE

INSTRUCTIONS

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

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1. **Grantee:** Fill in the name the name of the local government (grantee.)
2. **Grant Number:** Fill in the number assigned to the grant for which you are requesting approval. The number is listed on the grant agreement.
3. **Grant Name: SW WO WT:** Circle the appropriate grant for which you are requesting reimbursement.
4. **Phone:** Include a phone number for the contact person.
5. **Fax:** Include a fax number for the contact person.
6. **Budget Categories:** The categories match the categories listed in the grant agreement.
7. **Grant Amount:** List the amount of funds approved in the grant agreement for each category.
8. **Prior Reimbursements:** List the amount of funds in each category that have been reimbursed on this grant in the past.
9. **This Reimbursement:** List the amount of funds that are being requested in each budget category.
10. **Balance:** This is the amount of funds left in each budget category after all reimbursements have been subtracted from the Grant Amount.
11. **Is this your final reimbursement request for this grant? Yes No:** Circle "yes" if this is the final reimbursement request. Circle "no" if there are additional funds to be requested.
12. **Grantee Signature:** This must be signed by the person completing the form.
13. **Date:** This is the date that the form was completed.
14. **Address:** This is the address of the person completing the form.
15. **F.I.D. #:** This is the Federal Identification Number and it can be found on the grant agreement.

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16. **Invoice Number:** This is the invoice number included on each invoice/receipt.
17. **Invoice Date:** This is the date of the invoice.
18. **Vendor:** Include the name of the vendor providing the service, e.g., Grant's Recycling Containers.
19. **Amount:** This is the amount of each invoice.
20. **Description of Purchases:** List the items purchased on each invoice, e.g., four 40-yard roll-off containers.