

**WEED & PEST CONTROL FUND REQUEST FOR REIMBURSEMENT
FOR ONE-YEAR PROJECTS**

ID # WP- _____

Period Covered by this Request:

Starting Date: _____

Ending Date: _____

Recipient Organization (Name, Title, Address)	Weed & Pest Control Fund	
	authorized	
	Weed & Pest Control Funds	
	now requested	

REIMBURSEMENTS/ADVANCES REQUESTED

FUNDING SOURCES	WEED & PEST FUND	APPLICANT	OTHER	TOTAL
Reimbursements Requested	\$	\$	\$	\$

(Remember a requirement of most grants is a 50/50 cost share. So you will only be reimbursed for 50% of your receipts if your approved grant has this requirement.)**

Describe accomplishments or setbacks. Be as informative, specific and concise as possible. Attach a copy of an invoice or receipt of items purchased.

I certify that to the best of my knowledge and belief the data above is correct and that all outlays were made in accordance with the grant/letter of agreement and that payment is due.

Signature

Date Request Submitted

Type/Printed Name & Title

Telephone Number