WEED & PEST CONTROL FUND REQUEST FOR REIMBURSEMENT  ID #  WP- ________
FOR ONE-YEAR PROJECTS

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**

<table>
<thead>
<tr>
<th>FUNDING SOURCES</th>
<th>WEED &amp; PEST</th>
<th>APPLICANT</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursements Requested</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

(** 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