DATE: _____

County Planning
2079 EAST 9TH ST, 5-300
CLEVELAND, OH 44115
216.443.3700

2021 HEALTHY URBAN TREE CANOPY GRANT PROGRAM

REIMBURSEMENT REQUEST

Grant Project Title: _____

GRANTEE NAME & ADDRESS: Used for issuing payment

_____

_____

_____

PROJECT ID:

_____

PROJECT TYPE:

_____

ITEMIZED EXPENSES: (Receipts AND Proof of Payment Required)	UNIT PRICE:	MATCH EXPENSES:	TOTAL GRANT EXPENSES REIMBURSEMENT REQUESTED:
	TOTAL:		

GRANT PAYMENT TRACKING: (Grantee to complete)

a. Original Grant Award Amount		$
b. Reimbursement Amount Received to Date		$
c. Available Grant Amount (a minus b)		$
d. AMOUNT OF THIS REIMBURSEMENT REQUEST		$
e. Any Outstanding Reimbursement Request		$
f. Balance of Grant Funds Available (c minus d + e)		$
g. Matching Funds Pledge: $	h. Matching Funds this Invoice: $	i. Remaining Matching Funds Balance: $

AUTHORIZED SIGNATURE: _____

TITLE: _____ **DATE:** _____

FOR CCPC USE ONLY	
INVOICE # _____	
PAYMENT APPROVAL SIGNATURE:	DATE: