



County Planning

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

DATE: _____

2022 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. Total Match Incurred to Date:	j. Remaining Matching Funds Balance:
\$	\$	\$	\$

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____

FOR CCPC USE ONLY	
PAYMENT APPROVAL SIGNATURE:	DATE: