INTERRELATED WATER MANAGEMENT PLAN PROGRAM FUND EXPENDITURES REPORT AND REQUEST FOR REIMBURSEMENT

PROJECT NAME: _____

CONTRACT NUMBER: __ __ – __ __ – __ __ __ FY_____ CLAIM NUMBER: _____

REPORT SUBMITTED BY: _____

PERIOD COVERED: FROM: _____ TO: _____

GRANT TOTAL	REIMBURSED TO DATE	REMAINDER OF STATE FUNDING

BUDGET CATEGORY	ITEMIZED EXPENSES	FEDERAL CONTRIBUTIONS	OTHER CONTRIBUTIONS	LOCAL SHARE*	IWMPPF SHARE
TOTALS:					

I hereby certify that the expenses listed above have been paid and were directly related to and required for this project; and that all other sources and amounts of project support have been listed.

_____
Signature

*Local Share must equal or exceed 20% of expenses net of federal other contributions.