

**South Carolina Department of Natural Resources
SC Clean Vessel Act Program**

REIMBURSEMENT REQUEST FORM

Grantee: _____
Contract Number: _____
CVA Grant Number: _____

Billing Date: _____

	<u>TOTAL (\$)</u>	<u>SCDNR (75%)</u>	<u>GRANTEE (25%)</u>
Equipment Purchase	\$ _____	\$ _____	\$ _____
Equipment Installation	\$ _____	\$ _____	\$ _____
Operation & Maintenance	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

Total requested reimbursement: \$ _____

Certification and Attestation: I certify that documentation has been and will be maintained as required by the Agreement to support the amounts reported above and is available for audit upon request. I attest that all expenditures prior to this request have been paid and are true and accurate and are only for the purposes as described in the Contract _____ of the SC Clean Vessel Act Program. I further attest, under the penalties of perjury, that _____ has complied with the provisions of the grant.

Project Manager Sig.: _____

MAILING ADDRESS:

Title: _____

Date: _____