SECTION G . Reimbursement Verification Form

Grant Program: _____ **Grant # :**_____

District Name:_____ **Reimbursement Rate:**_____

School Name:_____ *Please insert in decimal form (ie: 25.25% = .2525)*

Directions: *Please fill out a form for each school receiving funding under this grant. Please attach the required documentation to this form. Additional copies of this form can be found on our website at www.ct.gov /demhs.*

Item #	Vendor/Item	Check #	PO #	Invoice #	Category	Grant Funding (State & Local)

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays

Signature:_____ Date: _____

(Project Director of Financial Officer of Record in charge of sub-grant)

TOTALS FOR

Total Grant Funding (State & Local):$ 0.00

Total State Funding:$ 0.00

Total Local Match:$ 0.00

*Discrepancies may exist due to rounding.

Pmslbgle Afcai $ 0.00