

WEST VIRGINIA Courthouse Facilities Improvement Authority	Request for Reimbursement
RECEIVED	Funds Recipient:
	Address:
	Project #:
	Grant ID #:
	FEIN #:
	Funds are hereby requested to cover expenditures FROM: TO:

VENDOR INFORMATION - Please list below all invoices associated with this request for reimbursement. List the vendor name, the date received and the invoice number in this column. Attach a copy herein of the corresponding vendor invoice(s) marked "paid" and proof of payment for services (copy of check).

Total Dollar
Amount of
Each Invoice

FUNDS RECIPIENT REIMBURSEMENT REQUEST:	
This request is in the amount of \$ _____	
Initials	Date
Pursuant to the authority vested in me, I certify that this request is correct and proper for reimbursement.	
_____	_____
Date	Authorized Official

CFIA USE ONLY CERTIFICATION:

I certify that this report presents expenditures of funds for the period covered and for the total project budget to date, made in accordance with the approved application for this funding program.

BY: Melissa K. Smith, Executive Director _____

TYPED NAME & TITLE
(Authorized Official or Financial Officer Only.)
SIGNATURE
DATE