# SPECIALTY CROP BLOCK GRANT REIMBURSEMENT REQUEST

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

SFN 60626 (3-2014)

600 E Boulevard Ave. Dept 602
Bismarck, ND 58505-0020
Telephone: 701-328-2191
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**REIMBURSEMENT INFORMATION**

| | |
|---|---|
| Name of Grantee | |
| Project Title | |
| Grant Agreement Number | Billing Period |

**Identify Completed Activity, Budget Category, and Amount**

*(Completed task should be fully described in Progress Report)*

| Completed Activity | Budget Category | Amount |
|---|---|---|
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Type of Payment Requested (check one)

☐ No Expenditures ☐ Quarterly Invoice ☐ Final Invoice

**Total Reimbursement**
*(All amounts above need supporting documents attached)*

**Grantee Certification**

*I certify that this report and supporting documentation has been examined by me, and to the best of my knowledge and belief, the reported expenditures are actual and valid, based upon our official accounting records (books of accounts) and are consistent with the terms of the Grant Agreement.*

| | |
|---|---|
| Preparer's Signature | Date |
| Authorized Signature | Date |