

AFID Infrastructure Grant Reimbursement Request

Date
MOU #
Request #

Company	
Street	
City, State, Zip	
Phone & Email	
Federal ID	

Item #	Total Project Budget	AFID Budget	AFID Balance	This Request	New Balance
Personnel *					\$0.00
Fringe *					\$0.00
Travel					\$0.00
Supplies & Materials					\$0.00
Contractual **					\$0.00
Other					\$0.00
Total	\$0.00	\$0.00			\$0.00

* For reimbursements containing personnel/fringe requests, the following is necessary:

- payrolls documented in accordance with generally accepted practices with official approval
- where multiple grants are involved, timesheets must delineate hours spent per grant and account for the total activity for which the employee is compensated - and include the supervisor's signature

** For reimbursements containing contractual reimbursement requests, the following is necessary:

- (1) the name of the consultant and (2) the nature of the services provided
- (3) the relevance of the services to the project or program, and
- (4) Whichever of the following is applicable:

-The rate & dates and/or hours worked (if fee is based on such)

-The # of units of service provided, and the beginning and ending dates of overall period of service (if the fee is based on such)

-The basis for determining fee and the beginning and ending dates of the period in which services were provided (if the fee is based on such)