

GRANT REIMBURSEMENT REQUEST FORM

Winter Park Commercial Enhancement Grant Program

Date:	Make Check Payable to:
Business Name:	Name:
Business Address:	Address:
Contact Person:	
Email:	Federal ID#:

**Itemize each receipt in the form below. Attach additional sheets if necessary.
Attach copies of each receipt to this form. Include receipts for all
expendures including the grant amount and the 50% match.**

Date	From	Invoice #	Amount
Total of all invoices with the project. (Total Grant Amount)			

I hereby certify that the expenses, donations, and activities accounted for in the reimbursement are legitimate and correct, have been paid for in full by the grantee and are now eligible for grant reimbursement.

Grantee Representative

Winter Park Planning Department

Date

Date

Total Grant Amount:
Total Payment Approved: