Business Development Fund Grant Program Reimbursement Request

Personal Information

Grantee Name:

Mailing Address:

City: State: Zip:

Email address: Phone:

Reimbursement Request

Please enter individual project costs in the summary table below. Include all eligible expenses seeking reimbursement. Eligible expenses are defined as those approved in your grant agreement with the EDA.

Vendor Name	Total Invoice Amount	EDA Grant portion of total invoice	Grantee Match portion of total invoice
TOTAL (please calculate column totals)		$	$

Certifications

The undersigned designated agent of this grant warrants: (1) that the above information is true and correct; (2) that the practices and expenses incurred were in accordance with the specifications and program requirements.

Signature of Grantee   Date

Submission

*Please submit completed reimbursement or via email to director@cookcountymneda.org

Please include with your reimbursement request:

- Copies of all paid invoices and/or receipts for which reimbursement is being requested.
- W9 form for tax purposes (grant proceeds are considered taxable income)
- *Reimbursement will not be made without documentation of costs incurred by the grantee.*