

Appendix B

**Chester County Vision Partnership Program
Request for Reimbursement Form**

MUNICIPALITY _____

Contact Person _____

Title _____

Municipal Address _____

Phone # _____ Fax # _____

Email _____

PROJECT INFORMATION

Name of Project _____

REQUEST FOR PAYMENT

- A. Total eligible project costs expended: \$ _____
- B. Percentage of total costs eligible per VPP Grant Contract: _____ % x "A" = \$ _____
(see percent awarded in "Funding" Section of VPP Grant Contract)
- C. Grant dollars awarded per VPP Grant Contract: \$ _____
(see cash awarded in "Funding" Section of VPP Grant Contract)
- D. Total reimbursement request: \$ _____
(Maximum reimbursement equals lesser amount in B or C above)

MUNICIPAL ENDORSEMENT

Endorsement:

Date Signature

Name & Title: Chairman/President of Governing Body

**Chester County Vision Partnership Program
Request for Reimbursement Form**

Reimbursement Submission Contents

Please submit the following reimbursement information in accordance with the Grant Manual and specifically the provisions in Section 8.7:

- A. The completed and signed request for reimbursement form.
- B. Proof of adoption or acceptance of the project.
- C. Required number of copies of the completed project.
- D. Consultant invoicing.
- E. Proof of municipal payment.

County Use Only

PROJECT INFORMATION

Contract Number _____

Award Amount _____

Contract Termination Date _____

Date of County Reimbursement Review _____

CHESTER COUNTY PLANNING COMMISSION APPROVAL

By: _____

Date: _____

Title: _____

Recommended Grant Reimbursement:

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