REIMBURSEMENT CLAIM – Equipment Summary Form

Agency Name (Grantee) (Check will be made payable to the party listed below)					Grant Number	Grant Number	
Mailing Address					Invoice Number(s)		
Budget Line Item #	Manufacturer	Manufacture Invoice #	Item	Item Approved Budget Page? (Y/N)	Cost	Qty. Ext.	
Total				\$			
The above information is accurate and complete according to the contract. I affirm that all items were purchased in accordance with the contract or any approved extension.							
Program Director Signature-Authorized			Print Name and Title		ephone Number	Date Signed	