## REIMBURSEMENT CLAIM - Equipment Summary Form

| Agency Name (Grantee) (Check will be made payable to the party listed below) | Grant Number |
| :--- | :--- |
| Mailing Address | Invoice Number(s) |


| Budget Line Item \# | Manufacturer | Manufacturer Invoice \# | Item | Item <br> Approved Budget Page? (Y/N) | Cost | Qty. | Ext. |
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|  |  | 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
Telephone Number $\quad$ Date Signed

