FORM # MN-DEED-AFS-02 | 3.1.13

REIMBURSEMENT PAYMENT REQUEST

EMPLOYMENT AND ECONOMIC DEVELOPMENT

Submit completed form via email to:

mai.grants@state.mn.us

* VENDOR NAME: **Washington Widget Company**		* GRANT NUMBER: **WASH2013MAI**	SWIFT CONTRACT ID **123456**
REMIT TO ADDRESS: **1234 Capitol Street** **Saint Paul, MN 55101**		GRANT PERIOD FROM: **10/1/2016**	GRANT PERIOD TO: **6/30/2020**
		REIMBURSEMENT PERIOD FROM:	REIMBURSEMENT PERIOD TO:
FORM PREPARED BY:	PHONE:	INVOICE NUMBER: **1**	FINAL: **YES [ ] NO [ ]**
EMAIL:		DEED PROGRAM CONTACT NAME: **Jason Wadell**	DEED PROGRAM CONTACT EMAIL: jason.wadell@state.mn.us

SECTION 2: * DEED PROGRAM USE ONLY

SWIFT PO ID	PO LINE	AMOUNT	FUND	FIN DEPT ID	APPROP ID	ACCOUNT	AGENCY COST	PROJECT ID
3000xxxxxx	1	$ 50,000.00	3000	B2233ESF	B223645	441602	55038	B22APPRENTICE
TOTAL		**$ 50,000.00**						

SECTION 3:

ACTIVITY ID	COST CATEGORY DESCRIPTION (PER APPROVED BUDGET)	A. APPROVED BUDGET	B. PREVIOUS REIMB. REQUEST	C. REIMB. REQUESTED THIS PERIOD	D. (B + C = D) TOTAL REIMB.	E. (A - D = E) AVAILABLE BALANCE
	Approved Budget - Not to Exceed	$ 50,000.00	$ -	$ -	$ -	$ 50,000.00
830	Apprentice Supplies & Materials	$ -	$ -	$ -	$ -	$ -
830	Off-set Related Instruction Costs	$ -	$ -		$ -	$ -
830	Registered Apprenticeship Infrastructure	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
TOTAL		$ 50,000.00	$ -	**$ -**	$ -	$ 50,000.00

PROGRAM LEVERAGE

ACTIVITY CODE	ACTIVITY NAME	A. PREVIOUS	B. THIS PERIOD	D. (A + B = C) CUMULATIVE
851	Program Leverage/Match			$ -
Cash	889			$ -
TOTAL		$ -	$ -	$ -

SECTION 4: AGREEMENT & AUTHORIZED APPROVAL

By submitting this form, I certify that the request is in accordance with DEED cash management requirements and appropriate contract terms; the data reported is correct and the amount of the request is not in excess of immediate disbursement needs. I hereby certify that the expenditures reported are taken from the books of original entry and all information is consistent with the terms of the grant regulations and agreement. Matching funds listed above are neither from federal sources nor used to match federal funds.

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the ommission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

If submitting this form via email, without signature affixed below, place the statement above in the body of your email. By doing so, the sender of the email designates they are hereby authorized to provide approval of this request. Without a signature and/or statement included in the body of the email the form will be rejected.

I certify that:

□ None of the budget categories have been exceeded.

□ The corresponding progress report for this invoice has been received and the grantee is making progress on achieving the goals or intent of the grant.

□ All of the totals are correct.

□ The invoiced amounts do not exceed the total amount of the contract.

□ The invoiced costs are allowable, necessary and reasonable, and allocable to this grant.

□ Budget amendments were approved before this invoice was received.

□ The grantee has accomplished the goals of the grant.

Grantee Authorized Signature **Date**

Grantee Typed Name and Title

DEED Staff Authorized Signature **Date**

Jason Wadell, Program Manager

DEED Staff Typed Name and Title

EXAMPLE