

**South Carolina Department of Natural Resources
Boating Infrastructure Grant**

REIMBURSEMENT REQUEST FORM

Grantee: _____

Subrecipient Agreement Number: _____

BIG Grant Number: _____

Billing Date: _____

	<u>TOTAL (\$)</u>	<u>SCDNR (_____ %)</u>	<u>GRANTEE (_____ %)</u>
Equipment Purchase	_____	_____	_____
Equipment Installation	_____	_____	_____
TOTALS	_____	_____	_____

Total requested reimbursement: _____

Certification and Attestation: I certify that documentation has been and will be maintained as required by the Agreement to support the amounts reported above and is available for audit upon request. I attest that all expenditures prior to this request have been paid and are true and accurate and are only for the purposes as described in the Subrecipient Agreement _____ of the Boating Infrastructure Grant Program. I further attest, under the penalties of perjury, that _____ has complied with the provisions of the grant.

MAILING ADDRESS:

Project Manager Sig.: _____

Title: _____

Date: _____