

**Member Community Infrastructure Program
REIMBURSEMENT REQUEST - COVER SHEET**

Project Information

Member Community: _____

Project Title: _____

Amount Requested: _____

P.O. #: _____

Authorized Signature

I certify that the costs outlined in this reimbursement request have been incurred in accordance with the approved project proposal as set forth in the Member Community Infrastructure Program agreement document(s). Furthermore, I affirm that the information contained herein is, to the best of my knowledge and belief, accurate and complete.

Name (print or type): _____

Title: _____

Telephone Number: _____

Email Address: _____

Signature: _____

Date: _____