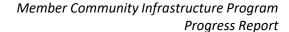


Member Community Infrastructure Program REIMBURSEMENT REQUEST AND PROGRESS REPORT

Instructions:

Provide a summary of the accomplishments with respect to objectives, degree of completion based on the Project application, and any problems encountered. Attach relevant procurement documentation, such as an itemized bill, receipt, invoice, time card along with proof of payment, such as a credit card receipt, cancelled check, and/or other documentation to substantiate compensation as deemed acceptable by the NEORSD.

Project Information
Community:
Project Title:
Reimbursement Request Amount:
Is the Project Complete? Yes No
Authorized Signature I certify that the information in this Reimbursesment Request and Progress Report is accurate and reflects current status of the Project. 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:





1) Complete the project status fields below and carry-over and update status with each subsequent Progress Report.

Design Phase Construction Phase

Design Bid: Construction Bid:
Design Start: Construction Start:
Design End: Construction End:

Verification Monitoring

Pre Start: Pre End:

Post Start: Post End:

2) Summarize progress and/or accomplishments during this reporting period as related to your project implementation schedule. (500 word maximum)



3) Difficulties and delays encountered during this reporting period. (500 word maximum)



4) Describe progress towards Project tasks. (500 word maximum)



Member Community Infrastructure Program Expenditures

Instructions:

Record all expenses and attach relevant procurement documentation, such as an itemized bill, receipt, invoice, time card along with proof of payment, such as a credit card receipt, cancelled check, and/or other documentation to substantiate purchase and compensation as deemed acceptable by the District.

All reports should be submitted to:
Linda Mayer, Grant Programs Administrator, Mayerl@neorsd.org

Date	VENDOR	Total Invoice Amount	Total Reimbursement Request