

**LIVINGSTON COMMUNITY TRUST**

**Reimbursement and Advance Request**

Date: \_\_\_\_\_

Grantee: \_\_\_\_\_

Project Name: \_\_\_\_\_

Request No.: \_\_\_\_\_

We hereby request funding from the Livingston Community Trust, pursuant to our approved grant award, as follows:

This is a request for funds as (check one):

Reimbursement \_\_\_\_\_ Payment in Advance \_\_\_\_\_

for our project.

Reimbursement checks payable to: \_\_\_\_\_

Reimbursement recipient mailing address: \_\_\_\_\_

Reimbursement is the trust's preferred method of payment of grant funds. As a request for reimbursement, we submit invoices or other evidence of payment on the above named project as follows:

Invoice	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total paid out on project for this period	_____
Percent awarded by Trust	_____
Amount this Request	_____

This Request is for (check one) full \_\_\_\_\_ partial \_\_\_\_\_ payment of our award.

As a request for partial payment, we provide the following reconciliation of requests and payments to date:

Request #	Date	Total Paid	Amount Paid by Trust
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals to Date on this project		_____	_____

PAYMENT-IN-ADVANCE

In certain special cases, the Trust will make funds available for a particular project in advance. It is the Grantee's obligation to provide evidence of matching funds expended on the project promptly.

This Request is for (check one) full \_\_\_\_\_ partial \_\_\_\_\_ funding of our grant in advance of project funds being expended.

Bids or estimates are \_\_\_\_\_ are not \_\_\_\_\_ attached. Evidence of matching funds will be provided as follows:

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On behalf of the grantee, I certify all contents of this request to be true and correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Approved:

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LCT Secretary

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Date