

**REQUEST FOR REIMBURSEMENT – TRMs/NODs  
 TARGETED RUNOFF MANAGEMENT PROGRAM  
 -- For Agricultural Grants --**

Send one completed copy of this worksheet to the Department of Natural Resources at the address printed above, **along with appropriate expense verifications.**

Notice: This document is required under s. 281.66, Wis. Stats., and chs. NR 153 and 154, Wis. Adm. Code. Failure to return a signed form to the Department of Natural Resources will result in the denial of grant funds. Personally identifiable information contained in this form will be used for determining reimbursement eligibility in the Targeted Runoff Management Program and will not be used for any other purpose.

1. Grantee Name	2. Project Name		
6. Mail Check to:	3. Watershed/HUC	4. Grant Number	5. Pay. Req. #
	7. Period Covered By This Request (M-D-Y) From _____ To _____		
	8. Type of Request <input type="checkbox"/> Partial  <input type="checkbox"/> Final		
10. Summary of Payment Requests	AMOUNT	<b>LEAVE BLANK- DNR USE ONLY</b>	
a. Reimbursement Request this Claim (from Verification Forms)			
b. Total Prior Pay Requests for this Grant			
c. Total Payments (including this request)			
11. Grant Balance			
a. Grant Amount for this Line Item			
b. Amount Reimbursed To-Date (line 10c)			
c. Remaining Grant Balance (Balance <b>after</b> this request)			
12. CERTIFICATION		Amount Allowed This Claim	
I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payment of record and are in accordance with the terms of the project agreement and the reimbursement represents the grant share due which has not been previously requested		CFA Initial	
Signature of Authorized Representative		Date	
Typed or Printed Name and Title		Date Signed	
Contact Person & e-mail/phone		Telephone Number (include area code)	

CFA Comments:

BFN Coding:

