State of Wisconsin
Department of Natural Resources Bureau of
Endangered Resources Box 7921
Madison, WI 53707-7921

# Landowner Incentive Program
# Reimbursement Request

Form 8700-317 (R 12/07) Page ____ of ____

**Notice:** Project Sponsors are required to provide information requested on this form when applying for payment of a grant funded by the Department. The Department will not process your payment request unless you provide all information requested. This information will be used to determine the amount of your payment and issue your check. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Instructions:** Fill in the Grant Recipient Name, Grant Number, your Cost Share Percentage (i.e., required percent match), and the total amount of match that you are submitting with this request. In the table below or on an attached sheet, list the items that you are submitting as eligible charges and attach the necessary receipts, invoices, and/or other documentation. Remember that all eligible charges (including match) must occur within the project Funded Grant Period. You may only request reimbursement for costs already accrued, and the sum of all requests may not exceed the total amount of your LIP award. Sign this form and return it to the LIP Coordinator.

**Grant Recipient:** _____ **Grant Number:** _____

**Recipient Cost Share Percentage:** _____ **Match Submitted with this Request:** _____ *(Will Auto Calculate if using the sheet below)*

| | Amount Based on Match | Amt of Costs Accrued Below |
|---|---|---|
| **Eligible Reimbursement: (lesser of these 2 figures)** | | |

**Amount of Reimbursement For This Request:** _____ *(Lesser of the amts earned by match or amt spent)*

*(100 – Recipient Cost Share) * (Match Submitted)*
*(Recipient Cost Share)*

**X** _____ _____
***(Grant Manager Signature)*** *(Date)*

**List all charges and match submitted as part of THIS Reimbursement Request in the table below or in an attached sheet. Also attach receipts, invoices, signatures for volunteer labor, etc**

| Date | Included Documentation | Payee | Eligible Project Cost Description | Total Cost | Amount Donated (Match) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |