



**Chester County Vision Partnership Program  
Request for Reimbursement Form**

**MUNICIPALITY** \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Municipal Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

**PROJECT INFORMATION**


Name of Project \_\_\_\_\_

**REQUEST FOR PAYMENT**

- A. Total eligible project costs expended: \$ \_\_\_\_\_
- B. Percentage of total costs eligible per VPP Grant Contract: \_\_\_\_\_% x "A" = \$ \_\_\_\_\_  
(see percent awarded in "Funding" Section of VPP Grant Contract)
- C. Grant dollars awarded per VPP Grant Contract: \$ \_\_\_\_\_  
(see cash awarded in "Funding" Section of VPP Grant Contract)
- D. Total reimbursement request: \$ \_\_\_\_\_  
(Maximum reimbursement equals lesser amount in B or C above)

**MUNICIPAL ENDORSEMENT**

Endorsement:

\_\_\_\_\_  \_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Name & Title: Chairman/President of Governing Body

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**Reimbursement Submission Contents**

Please submit the following reimbursement information in accordance with Section 9.2 of the Grant Manual:

- A. The completed and signed request for reimbursement form.
- B. Proof of adoption or acceptance of the project in accordance with Section 9.2.B.
- C. Required number of copies of the completed project in accordance with Section 9.2.C.
- D. Consultant invoicing in accordance with the requirements of Section 9.2.D.
- E. Proof of municipal payment in accordance with Section 9.2.E.

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*County Use Only*

**PROJECT INFORMATION**

Contract Number \_\_\_\_\_

Award Amount \_\_\_\_\_

Contract Termination Date \_\_\_\_\_

Date of County Reimbursement Review \_\_\_\_\_

**CHESTER COUNTY PLANNING COMMISSION APPROVAL**

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

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

**Recommended Grant Reimbursement:**

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