

Appendix B



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. Percent of total costs requested \_\_\_\_\_ %  
(not to exceed percentage specified in Grant Contract)

C. Total reimbursement request \$ \_\_\_\_\_  
(not to exceed the maximum reimbursement approved in Grant Contract)

MUNICIPAL ENDORSEMENT

Endorsement:

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

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

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

**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 and digital GIS data for the 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: \_\_\_\_\_