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. 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

January 2020

B-1
Chester County Vision Partnership Program
Request for Reimbursement Form

Reimbursement Submission Contents

Please submit the following reimbursement information in accordance with the Grant Manual and specifically the provisions in Section 8.7:

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

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: __________________________