

WEST VIRGINIA Courthouse Facilities Improvement Authority	INVOICE INVOICE INVOICE 19th Cycle - Request for Reimbursement
RECEIVED	Funds Recipient:
	Address:
	Grant ID #:
	FEIN #:
CFIA Use Only Invoice #:	Funds are hereby requested to cover expenditures FROM: TO:

VENDOR INFORMATION - Please list below all invoices associated with this request for reimbursement. **List the vendor name, the invoice date, the invoice number and the check number** in this column. Attach a copy herein of the corresponding vendor invoice(s) marked "paid" and proof of payment for services (copy of county check).

Total Dollar
Amount of
Each Invoice

The CFIA reimburses for 80% of total invoices up to the maximum amount of the grant award. County matches with 20%.

FUNDS RECIPIENT REIMBURSEMENT REQUEST:

This request is in the amount of \$ _____

Initials Date

Pursuant to the authority vested in me, I certify that this request is correct and proper for reimbursement.

Date Authorized Official

CFIA USE ONLY CERTIFICATION:

I certify that this report presents expenditures of funds for the period covered and for the total project budget to date, made in accordance with the approved application for this funding program.

BY: Shelly L. Murray, Executive Director _____

TYPED NAME & TITLE
(Authorized Official or Financial Officer Only.)
SIGNATURE
DATE