WEST VIRGINIA Courthouse Facilities Improvement Authority	INVOICE INVOICE  22 <sup>nd</sup> Cycle - Request for Reimbursement	
RECEIVED	Funds Recipient:	
	Address:	
	Grant ID #:	
	FEIN #:	
CFIA Use Only	Funds are hereby requested to cover expenditures	
Invoice #:	FROM: TO:	

**VENDOR INFORMATION** - <u>Please list below</u> 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 R	EIMBURSEMENT 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 – signature and printed name			

## **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	SIGNATURE	DATE