**REQUEST FOR REIMBERSEMENT FORM**

**INDIAN COUNTRY ECONOMIC DEVELOPMENT (ICED) PROGRAMS**

Tribal Tourism Program: GRANTS

All elements of this request must be complete to process reimbursements. Missing elements (i.e. incomplete answers, missing documentation) will delay the reimbursement process. Reimbursement payments are made within 30 days of approved request forms and required attachments. *Reimbursements must be in accordance with the Grant Contract Scope of Work and program guidelines.*

Please complete and attach the Request for Reimbursement Form, the Project Receipt Worksheet, the Project Status Update, and proof of payment documents (i.e. receipts, bank statements, and/or paid invoices). You will provide details on the worksheet about the materials and services accrued in the commencement of the Portfolio of Projects’ work, labor, delivery, installation, and/or related activities. Call 406-841-2734 if you need assistance.

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| --- | --- |
| **REQUEST FOR FUNDS** | |
| On behalf of the **[ENTER NAME ON CONTRACT]** a request is hereby made for a reimbursement of funds from COMMERCE Tribal Tourism Program on Contract Number **[XXXXXXXXXX]** in the total amount of **[ENTER TOTAL $ AMOUNT].** | |
| **REQUESTED BY** | |
| *(This Request for funds must include the authorized signatories designated on the Signature Certification Form which is on file.)* | |
| **Name & Title** | **Signature & Date** |
| **[Enter Name & Title]** | **X** |
| Authorized Signatory | Date: |
| **Name & Title** | **Signature & Date** |
| Rachelle Brown, Tribal Tourism Officer | **X** |
| COMMERCE Tribal Tourism Officer | Date: |
| **Name & Title** | **Signature & Date** |
|  | **X** |
| Department Authorized Signatory | Date: |

Please retain the original for your files and send a copy to [rachelle.brown@mt.gov](mailto:rachelle.brown@mt.gov).