**REQUEST FOR REIMBERSEMENT FORM**

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

Tribal Tourism Grant Program (TTG)

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 45 days of approved request forms and required attachments. Call 406-841-2734 for assistance. *Reimbursements must be in accordance with the Grant Contract Scope of Work and Budget criteria.*

Please complete and attach the Request for Reimbursement Form, the Project Receipt Worksheet, the Portfolio 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.

|  |  |
| --- | --- |
| **REQUEST FOR FUNDS** | |
| On behalf of the **[ENTER TRIBE]** a request is hereby made for a reimbursement of funds from the Indian Country Economic Development Tribal Tourism Grant Programs (TTG) 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** |
| Tribe Project Authorized Signatory | Date: |
| **Name & Title** | **Signature & Date** |
| Rachelle Brown, Tribal Tourism Officer | **X** |
| OICED 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).