REQUEST FOR REIMBURSEMENT

ND HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE

SFN 60436 (8-2013)

Use this form to request reimbursement for expenditures made as part of the project for which you were awarded an ND Health Information Technology Advisory Committee Health Information Network Connectivity Grant Program. Fill in the requested information and return with supporting documentation to Sheldon Wolf, ND Information Technology Department, 600 E Boulevard Ave Dept 112, Bismarck ND 58505-0100 or email to shwolf@nd.gov.

Applicant Name			
Type of Entity (Hospital, Clinic, Pharmacy, etc.)			
Name of Person Requesting Reimbursement			
Address	City	State	ZIP Code + 4 (required)
Data Universal Numbering System (DUNS) Number			
Do you receive 80% or more of your funds from federal grants? ☐ Yes ☐ No			

Contractor/Consultant Costs	$
Other Costs - Specify:	$
Other Costs - Specify:	$
Other Costs - Specify:	$
Total Requested	$

Please provide support for all costs identified above.

Signature of Authorized Individual	Date

You will be notified if the award is not approved for payment.

For Office Use Only

Amount Approved	Signature	Date	Federal (1093) ☐ Yes ☐ No	Special (9007) ☐ Yes ☐ No