



REQUEST FOR REIMBURSEMENT
 SB 2267 - School District Safety Grant
 North Dakota Department of Public Instruction
 School Finance Office

School District				
Contact Person				
Mailing Address	City	State	Zip	Telephone Number

Total amount of award	
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Description of Project(s)	Total Project Expenditures	
1. 2. 3. 4. 5. 6. Attach receipts showing purchased items, dates of purchase and total purchase amount.		
Total Project Expenditures	-	
Reimbursable Amount (50% of project expenditures up to the grant award)	-	
Remarks		
I hereby certify that I am the authorized representative for this project/program, that state rules and regulations applicable to the use of these funds were observed and that documentation supporting the reported expenditures are available for audit review.		
Typed Name of Authorized Representative	Title	Telephone Number
Signature of Authorized Representative		Date

For Department Use Only	Fund	Project ID	Activity ID	Class
	1	PI00013	89	20163
Signature of DPI Representative			Date	
Signature of Unit Director			Date	