

**AMERICA THE BEAUTIFUL GRANT
REQUEST FOR REIMBURSEMENT FORM**

(Please submit your form by the end of each month)

Tribal Name: _____

Contact Person: _____

Address: _____
Address City Zip Code

Email: _____

Phone: _____

Meeting*

Workshop*

**Please attach copies of supportive documents*

Date of meeting: _____

Meeting/Workshop title: _____

Description of Meeting/Workshop:

How many attended? _____

Did the meeting result in a technical product being produced? Yes No

If yes, please explain:

Disbursement of Funds

SWV#: _____

Which of the following are being requested for reimbursement: (Check all that apply)

Staff Time # of hours: _____ X per hour rate: _____ = \$ _____

Contracting

Travel # of miles: _____ X _____ = \$ _____

of meals covered: _____ B _____ L _____ D X per diem rate = \$ _____

Indirect Cost

Reimbursement Amount Requested: \$ _____

Does this request involve pooling funds from multiple tribes? (Please select below)

| | |
|--|--|
| | |
| | |

Print Name and Title

Print Name and Title

Signature

Date

Signature

Date

Additional Meetings/Workshops Requesting for Reimbursement

- Meeting*
- Workshop*

*Please attach copies of supportive documents

Date of meeting: _____

Meeting/Workshop title: _____

Description of Meeting/Workshop:

How many attended? _____

Did the meeting result in a technical product being produced? Yes No

If yes, please explain:

Disbursement of Funds

SWV#: _____

Which of the following are being requested for reimbursement: (Check all that apply)

- Staff Time # of hours: _____ X per hour rate: _____ = \$ _____
- Contracting
- Travel # of miles: _____ X _____ = \$ _____
of meals covered: _____ B _____ L _____ D X per diem rate = \$ _____
- Indirect Cost

Reimbursement Amount Requested: \$ _____

- Meeting*
- Workshop*

*Please attach copies of supportive documents

Date of meeting: _____

Meeting/Workshop title: _____

Description of Meeting/Workshop:

How many attended? _____

Did the meeting result in a technical product being produced? Yes No

If yes, please explain:

Disbursement of Funds

SWV#: _____

Which of the following are being requested for reimbursement: (Check all that apply)

Staff Time # of hours: _____ X per hour rate: _____ = \$ _____

Contracting

Travel # of miles: _____ X _____ = \$ _____

of meals covered: _____ B _____ L _____ D X per diem rate = \$ _____

Indirect Cost

Reimbursement Amount Requested: \$ _____

