Send to: Greenbrier
County Commission
with invoices, payment
checks, receipts etc..
Asking for direct
payment to vendor.
Send invoices with
price and vendor name,
and date. NO SHIPPING
OR TAX WILL BE PAID
OR REIMBURSED.

### GREENBRIER COUNTY ARTS AND RECREATION GRANT

## FINANCIAL PROGRESS REPORT REQUESTING REIMBURSEMENT OR DIRECT PAYMENT

# Greenbrier County Arts and Recreation Grant for the year 2023/2024

The information provided will be used by the grantor agency to monitor grantee cash flow, grantee performance and project implementation to ensure proper use of County funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required. All reimbursement requests must be accompanied by supporting documentation such as copies of invoices, payment check, delivery receipts, certified reports, warrants, contracts, etc. For direct payment. Name of business, invoices, date, etc.. include project number with form.

| 1. GRANTEE NAME AND ADDRESS                                |  | 2. GRANT PROJECT NUMBER  | 3. REPORT NO.                    |
|--|--|--|----------------------------------|
|  |  |  |                                  |
| GRANT AMOUNT   | 6. Narravitive Report  | This form  | needs to be used when asking for |
| . NAME AND TITLE OF I                                      |  |  | oursement or Direct Payment      |
| . NAME AND TITLE OF  | ROJECT   | 8. NAME OF PROJECT MANAGER/PHONE #   | 9. DATE                          |
| 10.  |  | REIMBURSEMENT AMOUNT   | DIRECT PAYMENT                   |
| Reimbursemer   | nt Amount/Direct Payme   | ent  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
| Grant Balance  |  | · ·  |                                  |
| 1. CERTIFICATION BY apporting documentation, and IGNATURE: | GRANTEE 1 certify the financial expense eligible and allowable expenditures cons | nditures submitted for reimbursement with this report, including sistent with the project goals and objectives and grant guidelines. |                                  |
|  |  |  | -                                |

### REIMBURSEMENT

| Invoice # Received for Repayment | Check # Received for Repayment | Amount | Date Received |
|----------------------------------|--------------------------------|--------|---------------|
|                                  |                                |        |               |
|                                  |                                |        |               |
|                                  |                                |        |               |
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|                                  |                                |        |               |
|                                  |                                |        |               |
|                                  |                                |        |               |
|                                  |                                |        |               |
|                                  | Total                          |        |               |

### DIRECT PAYMENT

| Invoice # Received for Direct Payment | Amour | nt Date Received |
|---------------------------------------|-------|------------------|
|                                       |       |                  |
| -                                     |       |                  |
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| -                                     |       |                  |
|                                       |       |                  |
|                                       |       |                  |
|                                       |       |                  |
|                                       | Total |                  |