

**REQUEST FOR REIMBURSEMENT
SOUTH CAROLINA FORESTRY COMMISSION
VFA GRANTS FOR FIRE DEPARTMENTS**

- 1. Recipient Organization/Fire Department: _____
Address: _____
City, State, Zip Code _____
- 2. Employer Federal Identification Number: _____
*****You must complete and return the attached W-9 form*****
- 3. Period Covered By This Request: April 1, 2013 to March 31, 2014.
- 4. Total Expenses: _____
Enter total dollar amount from all invoices for supplies and equipment purchased and paid for by Fire Department since April 1, 2013. **Invoices should show check number and date paid.**
- 5. Grant Allocation: _____
Grant check will be one half of qualified invoices or the Grant Allocation, whichever is less.
- 6. Fire Department Share: _____
Enter remaining share Fire Department will cover (Line 4 minus Line 5). Line 5 cannot be greater than Line 6.
- 7. Certification: "I certify that to the best of my knowledge and belief the data above is correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested."

Signature of Authorized Certifying Official:  _____

Typed or Printed Name: _____

Title: _____

Work Number: (_____) - _____ Cell Number: (_____) - _____

Date Request Submitted: _____ **20** _____

Send this Request Form, along with **paid invoices** by:

March 31, 2014 to:

<p>SC Forestry Commission P.O. Box 21707 Columbia, SC 29221 Attention: Brad Bramlett</p>

NOTE: Faxes will NOT be accepted.