

REIMBURSEMENT REQUEST



Arizona Department of Agriculture
Specialty Crop Block Grant Program – Farm Bill
1688 W. Adams St.
Phoenix, AZ 85007

SCBGP-FB Grant No. _____

Grantee Name: _____

Quarterly Report Annual Report

Final Report Other

Time Period (mo/year): From _____ To _____

Project Title:

Identify Completed Tasks:

Total \$ for time period: _____

Grantee Certification:

I certify that this report and supporting documentation has been examined by me, and to the best of my knowledge and belief, the reported expenditures are actual and valid, based upon our official accounting records (books of accounts) and are consistent with the terms of the Grant Agreement.

Authorized Signature: _____

Date: _____

Title: _____

Program Coordinator Certification:

Performance and documentation satisfactory for payment

No payment due.

Comments:

Program Coordinator Signature / Date