

# REIMBURSEMENT REQUEST



Arizona Department of Agriculture  
Specialty Crop Block Grant Program  
1110 W. Washington St., Suite 450  
Phoenix, AZ 85007

SCBGP 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.

PO# \_\_\_\_\_ FY \_\_\_\_\_

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\_\_\_\_\_  
Program Coordinator Signature / Date