

OEEF Request for Funds Reimbursement/Working Capital Advance Payment

Submit this form by mail or sign, scan and email the completed form to your grant administrator.

1. OEEF Project ID Number:		
2. Grantee Organization		
3. Organization to which payment is to be sent (Must coincide with approved grant)		
4. OEEF Grant Award Amount (Do Not Include Matching Fund Contributions)		
5. Period Covered by this Request:	From	To
	(month/day/year)	(month/day/year)
6. Funds Reimbursement Request:		
a. Total Payments Received to Date		\$ _____
b. Total Expenditures thru end of most recent reporting period		\$ _____
c. Cash on hand (If 6a is larger than 6b)		\$ _____
d. Total Funds Reimbursement Requested		\$ _____
7. Working Capital Advance Payment Request		
a. Estimate of Cash Needed for Next Quarter		\$ _____
b. Cash on Hand (line 6c)		\$ _____
c. Advance Payment Funds Requested (7a minus 7b)		\$ _____
Total Funds Requested (6d plus 7c)		\$ _____
8. Description of Estimated Expenditures:		
9. Certification:		
I certify that, to the best of my knowledge and belief, the information on this report is correct and that all expenditures and payments requested are valid and consistent with the grant conditions and that the amount requested is not in excess of current needs and will be expended within 90 days of receipt.		
Signature _____	Date _____	
Print or Type Name _____		
Phone _____		
Print or Type Title _____		

OEEF Signature _____ Date: _____