



**Urban Water Quality Grant Reimbursement Request**

<b>Project Name:</b>			
<b>Project Costs</b>			
<b>Item Description</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
			<b>Total Project Costs</b>
<b>Grant Request (not to exceed approved cost share amounts)</b>			

**The following items are Attached:**

- As-built Plan Drawings**
- Water Quality Benefit Analysis (SLAMM Results)**
- Proof of Payment**

Make Payment to: \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Printed or typed name \_\_\_\_\_ Title \_\_\_\_\_

**LWRD Use:**

Cost Share Reimbursement Received: \_\_\_\_\_ Agreement No.: \_\_\_\_\_

Payment Approval: \_\_\_\_\_ WRE Approval Date: \_\_\_\_\_