		FY2026 Invoice for Paymo	ent Reimbursement	
Recipient:				
Date: Project #:				
	(GRANTEE REIMBUR	SEMENT FORM	
DATE / DATE RANGE	PAID TO	BUDGET CATEGORY	DESCRIPTION	AMOUNT REQUESTED
		+ +		
1		то	TAL REIMBURSEMENT REQUESTED:	
ant project. All red mount or amounts	quests for reimburseme	nt and/or payment must be	enditures incurred or created in completic fully completed and signed by the Recipi oviding all proof of expeditures, including	ent, edentifying the
	ainage as per Sec. 8 (of the Financial Assistanc	ce Agreement.	
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ubject to 15% ret		ll equipment purchases exce s lien holder on any titled ve	eeding \$5,000.00 is required by filing a UCehicles or equipment.	CC-1 with the Missour
ubject to 15% ret				CC-1 with the Missour
ubject to 15% ret minimum of a 5-ye ecretary of State an				CC-1 with the Missour
ubject to 15% ret minimum of a 5-ye ecretary of State an	d/or listing Region M as		ehicles or equipment.	CC-1 with the Missour
ubject to 15% ret	d/or listing Region M as		ehicles or equipment.	CC-1 with the Missour