

**REGION M SOLID WASTE MANAGEMENT DISTRICT**  
**Financial Assistance Award - Invoice for Payment**

Recipient:

Grant Number:

Date of Request:

Requested Reimbursement

Payee (Company Paid by Recipient**)	Budget Category	Grant Funds Requested	Match Funds Provided	Total
Total				*

The Recipient will be reimbursed for all allowable expenses and/or expenditures incurred or created in completion of the approved grant project. All requests for reimbursement and/or payment must be fully completed and signed by the Recipient, identifying the amount or amounts of grant funds requested through Region M and providing proof of all expenditures, such as invoices and canceled checks. This request must identify the Recipient's share of matching funds and must provide proof of the Recipient's payment of such matching funds before grant funds may be disbursed.

**\* Subject to 15% retainage as per Sec. 8 of the Financial Assistance Agreement.**

A minimum of a 5-year security interest in all equipment purchases exceeding \$5,000 is required by filing a UCC-1 with the Missouri Secretary of State and/or listing Region M-SWMD as lien holder on any titled vehicle or equipment.

\*\* Indicates payee qualifies as MBE/WBE as per Sec. 11 of the Financial Assistance Agreement.

**Grant Recipient(s)**

Name(s) & Title(s) Printed: \_\_\_\_\_