

**REQUEST FOR REIMBURSEMENT
SOUTH CAROLINA FORESTRY COMMISSION
COMMUNITY FUELS MITIGATION PROJECT**

1. Community: _____
Name: _____
Address: _____
City, State, Zip Code _____

2. Taxpayer Federal Identification Number: _____
Attached W-9 form must be completed and returned for first request only.

3. Description of Project:

4. Total Expenses: _____
Enter total dollar amount from all invoices. Invoices should show check number and date paid. Also please show in kind monies spent and or number of volunteer hours.

Grant Allocation: _____ (to be completed by SCFC)

5. Certification: "I certify that to be best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested."

Signature of community rep.: _____
Typed or Printed Name: _____
Telephone Number: _____
Date Request Submitted: _____

Send this Request Form along with paid invoices to:

South Carolina Forestry Commission

Attn: Steve Moore

P. O. Box 21707

Columbia, S. C. 29221-1707

Fax: 803-798-8097

Office: 803-896-8854