



Small Communities Grant Reimbursement Request Electronic Transmittal

Instructions:

Submit your reimbursement request by filling out this electronic transmittal form. Using the *Browse* button at the bottom of the page, attach your signed *CDPHE_Standard_Reimbursement_Invoice_Form* and additional relevant documentation. You will receive a confirmation email after you submit this form using the *Submit* button at the bottom of the page.

Contract Number:	Date Report Submitted:
Reimbursement Request #:	Request Amount:
Entity Name:	
Entity Address:	
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Does the contractor name on the reimbursement invoice form (to be attached) exactly match the W9? (if no, revise so they match exactly prior to submitting for proper processing of your payment)	
Is this the final reimbursement request?	

Please indicate the amounts attributable to each primary activity for this reimbursement request and indicate the actual completion percentage of the activity (not financial percent complete).

Primary Activity #	Amount:	% Complete:
Primary Activity #	Amount:	% Complete:
Primary Activity #	Amount:	% Complete:
Primary Activity #	Amount:	% Complete:
Primary Activity #	Amount:	% Complete:

Total:

(Should equal request amount above.)

Use the browse buttons below to attach the signed *CDPHE_Standard_Reimbursement_Invoice_Form* and supporting documentation. If more than 4 files, condense attachments into one "zip" file and upload the file using the browse feature.

This form must be completed using Internet Explorer. It will be submitted over the internet through services provided by *FormRouter.net*. When complete and ready, please click the *submit* button located at the bottom of the page. For your records, you will receive a copy of this report at the email address provided above.