



MATCHING GRANT REIMBURSEMENT FORM

DISTRICT: _____

ADDRESS: _____

Date of Invoice	Amount of Invoice
Total:	\$ -
Not to Exceed Approved Grant Amount	
Reimbursable TOTAL*:	

*Grant funds are approved on a matching basis up to a maximum amount per the Guidelines

Please attach copy of invoice/purchase receipt(s) and payment receipt(s). Request for reimbursement must be received within 365 days of approval by the SCR Underwriting/Member Services Committee.
Grant check will be issued to the district/JPA within 30 days after completed reimbursement form is received.
If payment receipt(s) not attached, a check will not be issued.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Email, Fax, or Mail Completed Reimbursement Form along with Receipt(s) to:

Crystal McMahan
Keenan & Associates
P.O. Box 4328
Torrance, CA 90510
Fax: (310) 212-0300
Email: cmcmahan@keenan.com

Manager Only:

Date Application Received: _____

Member Lottery ADA: _____

Approved Meeting Date: _____

Amount Eligible For: _____

Date Reimbursement Form Received: _____

Manager Signature: _____