

# Wahkiakum Community Network

## Program Reimbursement Request

Billing Period Month: \_\_\_\_\_ Year: \_\_\_\_\_

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1. Project or Service Name: \_\_\_\_\_

2. Grantee Name: \_\_\_\_\_

3. Contact Person: \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Telephone Number / E-mail: \_\_\_\_\_

3. Alternate Contact Person: \_\_\_\_\_

Telephone Number / E-mail: \_\_\_\_\_

4. Total cost of project to date (b+d): \$ \_\_\_\_\_

a. Current Network Funds: billed this reporting period	\$ _____
b. Accumulated Network Funds: billed to date	\$ _____
c. Current Grantee Match (in-kind or cash): for this reporting period	\$ _____
d. Accumulated Grantee Match (in-kind or cash): to date	\$ _____

Please list: \_\_\_\_\_

5. You must detail **source** of current matched in-kind or cash contributions for this billing period: \_\_\_\_\_

6. Were there barriers or unanticipated supports to the success of this project? \_\_\_\_\_

Please Comment: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_