

# Economic Development Public Facility Project Reimbursement Form

## AGENCY NAME

Skagit County Budget and Finance 1800 Continental Place, Suite 100 Mount Vernon, WA 98273 360-416-1305 ATTN: Trisha Logue

### VENDOR OR CLAIMANT (warrant is to be payable to)

Claimant P.O. Box City, WA Zip

Contract #:

### INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise or services associated with Distressed County Grant Funds. Show complete detail for each item.

### Vendor's Certificate:

I the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Skagit County, and that I am authorized to authenticate and certify to said claim.

(Sign in ink)

(Title)

(Date)

DATE	DESCRIPTION	AMOUNT
	Original Grant Amount	
	Cumulative Amount Requested to Date	
	Requested Amount This Period	
	Remaining Grant Balance	
	Total Project Expenses Incurred to Date	

AGENCY USE ONLY		
Vendor		
GL Code		
Amount		
Description		