

# **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     |  |  |