



# Public Service and Community Infrastructure Grant Project Request for Reimbursement Template

**Public Service Grant Awardee:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

All disbursement requests must include proof of the expense(s) and be emailed with this template to the auditor at: [Sally.Whittingham@DunnCountyND.gov](mailto:Sally.Whittingham@DunnCountyND.gov) OR delivered to the auditor at the Dunn County Courthouse in Manning, ND.

**Type of Expense(s)** *(check all that apply)*

**Space**

**Services**

**Equipment**

**Other**

<b>Date Incurred</b>	<b>Expense Description</b> <i>(please provide sufficient detail to allow the county to verify the expense and category of the expense)</i>	<b>Amount</b>
<b>Total:</b>		

*(please insert additional rows above the total if more room is needed)*

**Submitted By:**

\_\_\_\_\_  
By: Authorized Representative

\_\_\_\_\_  
Date

Print Name/Title: \_\_\_\_\_

----- **FOR INTERNAL USE ONLY** -----

**FOR DUNN COUNTY:**

\_\_\_\_\_  
Dunn County Auditor

\_\_\_\_\_  
Date