



Economic Development
Authority

Total amount requested for reimbursement at this time: _____

Notes:

For internal use only

Approved for Reimbursement: ____ Yes ____ No Program Manager Signature: _____

Check #: _____

Check Date: _____

Maximum Reimbursable Amount: \$ _____

Maximum Reimbursable Amount remaining prior to this request: \$ _____

Maximum Reimbursable Amount remaining: \$ _____