

County Letterhead

Quarterly Reimbursement Invoice Abandoned Manufactured Home Grant Program

County Requesting Reimbursement: _____
Program Coordinator: _____

Grant Contract Number: _____
Date of Submittal: _____

The following projects were performed in accordance with the guidelines and requirements as referenced in our AMH Grant Program Contract. Project Summary invoices for each of the following AMH units that have been deconstructed under our grant program are attached.

<u>Project ID</u>	<u>Date of Deconstruction</u>	<u>Unit Size</u>	<u>Requested Reimbursement</u>
_____	_____	_____ wide	\$ _____
_____	_____	_____ wide	\$ _____
_____	_____	_____ wide	\$ _____
<u>ETC.</u>			
Invoice Total			_____

I verify the information submitted above, I certify that _____ County has paid for work associated with the above projects and is eligible for reimbursement. I further certify that the county will maintain all necessary documentation associated with the above projects, and I hereby request reimbursement from the AMH Grant Program in the amount of \$ _____ for unrecoverable costs encountered by _____ County in an effort to properly manage and dispose of abandoned manufactured homes.

Signature _____

Date _____