WEST VIRGINIA Courthouse Facilities Improvement Authority	Request for Reimbursement
RECEIVED	**Funds Recipient:**
	Address:
	Project #:
	FEIN#:
	Funds are hereby requested to cover expenditures **FROM:** **TO:**

VENDOR INFORMATION - Please list below all amounts requested for reimbursement. Attach a copy herein of the corresponding vender invoice(s) marked "paid" and proof of payment for services (copy of check preferred).

Total Dollar Amount of Each Invoice

FUNDS RECIPIENT REQUEST:

This request is in the amount of $_____

Initials Date

Pursuant to the authority vested in me, I certify that this request is correct and proper for reimbursement.

_____

Date Authorized Official

CFIA USE ONLY CERTIFICATION:

I certify that this report presents expenditures of funds for the period covered and for the total project budget to date, made in accordance with the approved application for this funding program.

BY: Kris Richmond, Executive Director

TYPED NAME & TITLE SIGNATURE DATE
(Authorized Official or Financial Officer Only.)