

NORTHERN OKLAHOMA DEVELOPMENT AUTHORITY

REAP Reimbursement Form

GRANT RECIPIENT INFORMATION (send payment to:)			
NAME			
MAILING ADDRESS			
CITY, STATE, ZIP			
PHONE		EMAIL	

CONTRACT NO.	
PAY REQUEST NO.	
AMOUNT REQUESTED	

Invoice Date	Invoice #	Vendor Name	Invoice Amount	Requested Amount

TOTAL: \$0.00

**** Attach copies of purchase orders and invoices. ****

- Do you use Purchase Orders (POs)? YES NO
- Reimbursement Check or Direct Deposit? Check Direct Deposit
(complete pg 2. Send with this form)
- Is REAP Project Complete? YES NO

If no, when is the estimated time of completion? _____

I Certify that to be best of my knowledge the data above is correct and that all outlays were made in accordance with the grant conditions or other agreements and that payment is due and has not been previously requested.

Mayor / City Manager / Commissioner Signature Date

NODA USE ONLY:

Approved By Date GL Code