|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generated | Small Grant  Reimbursement  Request | |
| **1605 E Capitol Ave, Suite 101**  **Bismarck, ND 58501**  **(701) 223-8501** | Date: |  |
| Grant #: |  |
| All reimbursement requests need to be accompanied by either a Status Update, Interim Progress Report or Final Report.  Instructions can be found in the Program Manual on the website:  <http://www.ndnrt.com/programs/small-grant-program/>  Email payment requests with supporting documentation to brenda@naturalresourcestrust.com. | Organization Name: |  |
| Address: |  |
| Phone: |  |
| Contact/  Prepared by: |  |
| Make Checks Payable to: |  |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Date | Description\* | Line Total |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| \*Provide receipts or supportive documentation for each item. Total to be reimbursed:  Indirect costs allowed at 10% of total grant.  Request must be submitted by the 25th of the month. | |  |