

Town of Gibsonville
Façade Improvement Grant Program Request For Reimbursement Form

1. Applicant Name: _____

2. Applicant Mailing Address: _____

3. Applicant Telephone Number: _____

Email: _____ Fax#: _____

Column 1 Vendor and/or Description of Material <i>Include receipt for each item listed below</i>	Column 2 Actual Amount From receipt or paid invoice	Column 3 Request Amount Divide Column 2 by 2	
SAMPLE: Purchase of lumber and supplies at Lowe's on 6-6-2006	\$538.00	\$269.00	
			Line 1
			Line 2
			Line 3
			Line 4
			Line 5
			Line 6
			Line 7
			Line 8
			Line 9
			Line 10
			Line 11
Total Columns			Line 12
	Maximum Amount from Award Letter		Line 13
	Enter the lessor of Line 12 and Line 13		Line 14

Required Attachments

- Copy of receipt or paid invoice for all items for which reimbursement is requested
- Picture of completed work
- Proof of payment for all applicable property taxes and utility bills

I, _____, request reimbursement in the amount of \$_____.
 (Applicant Name) (line 14)

 (Signature)

 (Date)

Reimbursement will be made to applicant after work is completed and pending approval from the Downtown Design Committee or Designee for the Downtown Design Committee.

Payment Info: Approved for Reimbursement Rejected for Reimbursement (see reverse)

_____ Date _____
Town of Gibsonville Downtown Design Committee Representative

Documented Cost of Facade Improvement \$ _____.

(All documentation must be attached for reimbursement. No Reimbursement can be given without documentation)

Town of Gibsonville Reimbursement \$ _____ (**\$2,000 maximum**).

_____ Date _____
Town of Gibsonville Town Manager