



Mississippi Outdoor Stewardship Trust Fund

REIMBURSEMENT FORM

Project Information

Project # :

Project Completion % :

Project Name:

Grantee :

Total Project Amount:

Project Agreement Date:

Total Funding Approved:

Project Agreement Expiration Date:

Total Match Commitment:

Reimbursement Request Date:

Supportive Documents Required

*Check all that are attached

Invoices ☐

Proof of Payment ☐

Signed AIA Construction Inspection Form ☐
(if applicable)

Reimbursement Certification

The undersigned entity certifies to the best of the entity's knowledge, information and belief, the work/services described within this application for reimbursement has been completed and inspected to the satisfaction of the entity and payment has been made for work/services listed. The undersigned hereby certifies that all reimbursements in this request are only associated with the approved project described within the MOU between the entity and the Mississippi Outdoor Stewardship Trust Fund.

Entity Project Manager Signature

Print Name

SUBMISSION INSTRUCTIONS. Please ensure all required fields are completed accurately and all necessary supporting documentation is attached. Before submission, redact any sensitive information, such as Social Security numbers, personal phone numbers, or personal bank account details, from the form and supporting documents. Save the completed form and documentation as a single PDF file, if possible. Email the form to ms-outdoor-steward-trust@dfa.ms.gov with "Reimbursement Request – [Your Name/Organization]" in the subject line. Retain a copy of the email and submitted documents for your records.

Mississippi Outdoor Stewardship Trust Fund REIMBURSEMENT FORM

No	Invoice Number	Itemized Description of Items, Work, or Services Completed	Amount Paid	Match Amount	Reimbursement Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
		TOTALS			

Please adequately describe each item, work performed, or service provided for which payment was provided separately. Multiple pages may be submitted if necessary. If so, completely fill-out each form and indicate page number at top of form.