

**MISSISSIPPI OUTDOOR STEWARDSHIP TRUST FUND  
REIMBURSEMENT REQUEST FORM**

**MISSISSIPPI OUTDOOR STEWARDSHIP TRUST FUND  
REIMBURSEMENT REQUEST FORM**

Date:  Page:  of  Project Completion %:

Project #:

Grantee:

Project Name:

**Project History**

Total Project Amount:  Project Agreement Date:

Total Funding Approved:  Project Agreement Expiration:

Total Match Commitment:

**Request This Period**

Beginning Date:  Ending Date:

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

- Supportive Documents Required:**
- (1) Invoices
  - (2) Proof of Payment
  - (3) Signed AIA Construction Inspection Form (if applicable)

**MISSISSIPPI OUTDOOR STEWARDSHIP TRUST FUND  
REIMBURSEMENT REQUEST FORM**

| Item Number   | Invoice Number | Itemized Description of Items, Work, or Services Completed | Amount Paid | Match Amount | Reimbursement Amount Requested |
|---------------|----------------|--|-------------|--------------|--------------------------------|
| 1             |                |  |             |              |                                |
| 2             |                |  |             |              |                                |
| 3             |                |  |             |              |                                |
| 4             |                |  |             |              |                                |
| 5             |                |  |             |              |                                |
| 6             |                |  |             |              |                                |
| 7             |                |  |             |              |                                |
| 8             |                |  |             |              |                                |
| 9             |                |  |             |              |                                |
| 10            |                |  |             |              |                                |
| 11            |                |  |             |              |                                |
| 12            |                |  |             |              |                                |
| 13            |                |  |             |              |                                |
| 14            |                |  |             |              |                                |
| 15            |                |  |             |              |                                |
| 16            |                |  |             |              |                                |
| 17            |                |  |             |              |                                |
| 18            |                |  |             |              |                                |
| 19            |                |  |             |              |                                |
| 20            |                |  |             |              |                                |
| 21            |                |  |             |              |                                |
| 22            |                |  |             |              |                                |
| 23            |                |  |             |              |                                |
| 24            |                |  |             |              |                                |
| 25            |                |  |             |              |                                |
| 26            |                |  |             |              |                                |
| 27            |                |  |             |              |                                |
| 28            |                |  |             |              |                                |
| 29            |                |  |             |              |                                |
| 30            |                |  |             |              |                                |
| 31            |                |  |             |              |                                |
| 32            |                |  |             |              |                                |
| 33            |                |  |             |              |                                |
| 34            |                |  |             |              |                                |
| 35            |                |  |             |              |                                |
| 36            |                |  |             |              |                                |
| 37            |                |  |             |              |                                |
| 38            |                |  |             |              |                                |
| 39            |                |  |             |              |                                |
| 40            |                |  |             |              |                                |
| 41            |                |  |             |              |                                |
| 42            |                |  |             |              |                                |
| 43            |                |  |             |              |                                |
| 44            |                |  |             |              |                                |
| 45            |                |  |             |              |                                |
| 46            |                |  |             |              |                                |
| 47            |                |  |             |              |                                |
| 48            |                |  |             |              |                                |
| 49            |                |  |             |              |                                |
| 50            |                |  |             |              |                                |
| <b>Totals</b> |                |  | \$0.00      | \$0.00       | \$0.00                         |

*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.*

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**MOSTF OFFICE USE ONLY**

|                |                      |                 |                      |
|----------------|----------------------|-----------------|----------------------|
| MONTH/YEAR     | <input type="text"/> | PROJECT NAME:   | <input type="text"/> |
| MAGIC VENDOR # | <input type="text"/> | VENDOR NAME:    | <input type="text"/> |
| PROJECT #      | <input type="text"/> | ADDRESS LINE 1: | <input type="text"/> |
| FUND #         | 331620000            | ADDRESS LINE 2: | <input type="text"/> |
| COST CENTER    | 113000099            |                 |                      |

**Balances This Period**

|  |                      |        |                      |
|--|----------------------|--------|----------------------|
| Reviewed By:                           | <input type="text"/> | Title: | <input type="text"/> |
| Amount Approved for Reimbursement (A)  | <input type="text"/> |        |                      |
| Amount Approved for Match Credit       | <input type="text"/> |        |                      |
| Amount Withheld in Retention (10%) (B) | <input type="text"/> |        |                      |
| <b>Disbursement Amount (A - B)</b>     | <input type="text"/> |        |                      |

**Balances To Date INCLUDING THIS APPROVAL**

|                              |                      |
|------------------------------|----------------------|
| Total Funding Dispersed      | <input type="text"/> |
| Remaining Funding Available  | <input type="text"/> |
| <hr/>                        |                      |
| Total Match Credited         | <input type="text"/> |
| Total Match Committed        | <input type="text"/> |
| <hr/>                        |                      |
| Total Retention Withheld     | <input type="text"/> |
| Remaining Retention Required | <input type="text"/> |

**APPROVAL**

|              |                      |        |                      |
|--------------|----------------------|--------|----------------------|
| Approved By: | <input type="text"/> | Title: | <input type="text"/> |
|--------------|----------------------|--------|----------------------|

**Explain Any Adjustments Made:**

I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All supporting documentation associated with this request is maintained at the agency.

\_\_\_\_\_  
MOSTF Board Signature

\_\_\_\_\_  
Date