



SUBMIT FORM TO:
DEP Watershed Support Section
Location Code 35CONREST
P.O. Box 69183
Harrisburg, PA 17106

Invoice Date: _____

Invoice No.: _____

Invoice Amount: _____

319 NPS APPLICATION FOR REIMBURSEMENT

Project Title: _____

Document #: _____ Vendor #: _____

Payable To (Grantee): _____

Point of Contact: _____ Phone Number: _____

Partner Bank Type (e.g. BN01, BN02, etc.): _____

Invoice Period: _____, 20__ to _____, 20__
(Indicate month, day, and year that work was performed.)

If this is FINAL Reimbursement, check here

EXPENDITURES:

TOTAL EXPENDITURES: \$ _____

DEDUCTIONS (IF APPLICABLE): \$ _____

AMOUNT OF REIMBURSEMENT: \$ _____

MATCH CONTRIBUTION:

TOTAL MATCH CONTRIBUTION FOR ABOVE PERIOD: \$ _____

All related back-up to this invoice is stored in the electronic ESA file for audit purposes.

GRANTEE SIGNATURE:

I declare the above to be a true and accurate statement.

Signature Title Date

(This section completed by DEP)

Approved By: _____ Title: Chief, Watershed Support Section Date Approved: _____	Recommended Payment \$ _____ Recommended by _____ Date Recommended: _____ Project Advisor Name
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