ECHO/MATCH EXPENDITURES & REIMBURSEMENT REQUEST FORM - April, May, June 2009

Due on or before July 15, 2009

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Organization: / Project Title:		**Grant Project #:**	
Grand Total ECHO Request Amount:		**Date:**	

Item Description as shown in your ECHO Budget	Appli.# (or invoice#)	Order Date	Service Provider	Invoice Date	Check #	Date Paid	ECHO $ Amount	MATCH $ In-Kind $ Amount	MATCH $ Cash $ Amount
				Total This Page:			$ -	$ -	$ -
				Grand Total ALL Pages:					

Signature / Official Grant Representative **Date**

NOTE: (1) Requests for ECHO reimbursement and cash Match must include backup documentation including: work order, invoice/receipt, and a copy of both sides of each canceled check or a bank image showing the check has processed.

(2) Documentation for "In-Kind Match" must be provided in the form of letters including description of the service/work provided, the dollar value of the service/work performed, the name of the provider/volunteer, and the date & hours the provider/volunteer worked to support the amount requested. The following rate value applies:

Non-professional volunteer service - $5.15/hour

Youth volunteers - $5.15/hour

Professionals - $ current market value/hour *(ECHO will not pay over the standard professional fee even if your provider receives a higher than average fee for their services.)*

(3) A Release of Lien for both ECHO and Match dollars must be provided for reimbursements to be processed for Not-for-Profits.

(4) Listed expenditure categories **must** correspond with the categories listed in the original application budget or an explanation must be given as to why they are different.