

# ECHO REIMBURSEMENT FORM INSTRUCTIONS

\*Refer to your ECHO grant application and approved budget page when filling out this form.\*

1. **Grant Information:** Fill in the grantee name, project title, ECHO project number and date.
  - **Total Reimbursement Request:** This represents the complete amount requested, whether it's from a single page or, for larger requests, the total across all pages.
2. **Item Description:** This should include the budget category and the specific line item from your approved budget, along with an explanation of the charge. For example, if the budget Category is "Site Construction" and the work performed was "Demolition," enter "Site Construction – Demolition."
3. **Contractor's Application Number or Invoice Number:** Enter the relevant application or invoice number.
  - **Required Backup:** Include a copy of the contractor's application as support or the invoice.
4. **Invoice Date:** Provide the date listed on the contractor's application or invoice.
5. **Service Provider:** Specify the name of the company or individual providing the services.
6. **Date Paid:** Record the date the contractor's application or invoice was paid, whether by check or credit card.
  - **Required Backup for Payment by Check:** Include a copy of the canceled check, showing both the front and back.
  - **Required Backup for Credit Card Charge:** Include a bank statement showing the charge.
  - **Release of Lien:** Non-profits are required to submit a Release of Lien along with the reimbursement request.

## Reimbursement requests must include both Cash Match and ECHO amounts:

7. **Cash Match Amount:** Enter the cash match amount in the appropriate column.
8. **ECHO Amount:** Enter the ECHO amount in the designated column.
9. **Total:** Equals Cash Match Amount plus ECHO Amount.
10. **Total this Page:** Calculate the total for each column on the current page.
11. **Grand Total ALL Pages:** Provide the cumulative amount being requested, whether the request spans one page or multiple pages.
12. **Print Name, Signature and Date:** The Official Grant Representative must print, sign and date the ECHO Reimbursement Form.

## Helpful Hints:

1. **ECHO Amount:** The total ECHO amount requested must not exceed the total cash match amount.
2. **Retainage:** Do not deduct retainage from the invoice amount when preparing the reimbursement request.