2016 Specialty Crop Block Grant
Quarterly Reimbursement Request

ODA Project #: AGR-SCG-16-

Name of Organization:

Department:

Address: Ste./Floor:

City: County: State: Zip:

Federal Tax ID#:

Phone#: Fax#:

Email:

Description of Expenditure	Grant Reimbursement Amount Requested	Match Amount	Total Cost
Personnel			
Fringe			
Travel			
Materials & Supplies			
Contractual			
Other (i.e., Advertising)			
TOTAL REIMBURSEMENT REQUEST			
Program Income			
		Total Cost	

The attached documentation is true and accurate to the best of my knowledge.

Initials: Date:

Return reimbursement form with:

☐ Copies of paid invoices ☐ Proof of payment ☐ Copies of any printed documents (i.e., flyers, publications, etc.

Return reimbursement form with all attachments to: Ohio Department of Agriculture, Attn: Lori Panda, 8995 East Main St., Reynoldsburg, OH 43068 OR e-mail to: panda@agri.ohio.gov