

**PINELLAS COUNTY MUNICIPAL RECYCLING GRANT
REIMBURSEMENT REQUEST FORM**

Municipality: _____ **Contact:** _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

Date of Submittal: _____ **Work Period:** from _____ to _____ **Cumulative (Fiscal Year):** from October 1, _____ to September 30, _____

Expenditure Category	This Period Expenditures	Cumulative Expenditures
Equipment Purchases	\$	\$
Personnel Costs	\$	\$
Operating Expenses	\$	\$
Recycled Product Purchases	\$	\$
Public Education	\$	\$
Construction of Recycling Facilities	\$	\$
Total Expenditures	\$	\$
	Original Allocation	\$
	Prior Reimbursements	\$
	This Payment Request	\$
	Balance of Award	\$

IMPORTANT – please attach the following to this reimbursement request form:

- 1. Proof of payment (copy of the check or invoice marked as paid)**
- 2. An explanation (if necessary) to show how or what portion of these payments are related to the municipality’s recycling program**

Printed Name of Authorized Representative

Title

Signature of Authorized Representative (Not Stamp)

Date

Please send the original to: Lisa Ledoux
Pinellas County Utilities
Finance Department
14 South Ft. Harrison Avenue
Clearwater, Florida 33756

For questions:
call 727-464-4284
email lledux@pinellascounty.org