



**Community Cost-Share Program
REIMBURSEMENT REQUEST – DELIVERABLE EXPENSE WORKSHEET**

Member Community: _____

Project Title: _____

P.O. #: _____ **Request Date:** _____

Instructions:

Record all expenses and attach relevant procurement documentation, such as an itemized bill, receipt, invoice, time card along with proof of payment, such as a credit card receipt, cancelled check, and/or other documentation to substantiate purchase and compensation as deemed acceptable by the NEORS D.

Direct all Community Cost-Share reimbursement questions and reports to the Watershed Programs Department's, Watershed Funding Administrator, Linda Mayer, 440-253-2147, mayerl@neorsd.org.

PROJECT DELIVERABLE	Cost per Unit	Total Units	Total Cost	Details