HPF REIMBURSEMENT REQUEST
State Form 50866 (R5 / 4-07)

REIMBURSEMENT REQUEST HPF

Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology

Subgrantee: _____
Project Name: _____
Grant #: _____
Federal ID #: _____

Total Grant Amount: _____
Total of Previous Claims: _____
Total for This Claim: _____
Grant Funds Remaining: _____

CLAIM #	Total of Previous Claims	Total for This Claim
[ ] Personnel		
[ ] Fringe Benefits		
[ ] Travel		
[ ] Supplies		
[ ] Design Fees		
[ ] Advertisement		
[ ] Construction / Contractual		
[ ]		
Total Costs		
Funding Level (50% or 70%)	%	%
Reimbursement Requested		

This claim prepared and submitted by:

_____ _____
Signature -- Agent of Sponsoring Organization Date

Based on my knowledge of this project, I certify that the project costs listed on this form are adequately documented, and I believe that these costs are reasonable and appropriate for the work completed to date.

_____ _____
Signature -- DHPA Program Area Staff Date

_____ _____
Signature -- DHPA Grants Staff Date

Mail to: Grants Section
Division of Historic Preservation and Archaeology
402 West Washington Street, Room W274
Indianapolis, IN 46204

For Office Use Only:
[ ] Spread Sheet
[ ] Claim Voucher