

**IDAHO DEPARTMENT OF COMMERCE  
IDAHO GEM GRANT**

REQUEST FOR REIMBURSEMENT

Pay Request # \_\_\_\_\_

_____ Grantee	_____ Grant number
\$ _____ IGG Grant Amount	\$ _____ Payments to date
\$ _____ Match Amount to date	\$ _____ Amount of Request
_____ Approved by Chief Elected Official	_____ Date

Project Status (In a paragraph state the project activities that have been completed to date and describe those activities that are anticipated to be completed by the next request for reimbursement):

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