

**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):
