



**WASHINGTON**  
 Secretary of State  
 Washington State Archives

**DIGITAL IMAGING  
 LOCAL RECORDS GRANT  
 REIMBURSEMENT REQUEST FORM**

Submit completed form, along with proof of payment documentation to [recordsmanagement@sos.wa.gov](mailto:recordsmanagement@sos.wa.gov) or mail to: Local Records Grant Program, Washington State Archives, PO Box 40238, Olympia, WA 98504-0238.

**Agency Name:** **SOS Contract #:**  
**Mailing Address:** **Statewide Vendor #:**  
**Total Amount Awarded:**  
**Total Previously Requested:**

Please list all expenses being claimed for reimbursement. Each item listed MUST be accompanied by proof of payment.

DATE PAID	DESCRIPTION	AMOUNT	FOR SOS USE
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**TOTAL AMOUNT REQUESTED:**

If any archival records have been imaged through this grant project, have the digital and paper copies been transferred to Washington State Archives?

	Yes	No
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If not, would you like to be contacted by your Regional Branch Archivist to arrange a transfer?

	<i>Transfer Paper?</i>	<i>Transfer Digital?</i>	
	Yes	Yes	No

**Prepared by:** **Phone:** **Date:**

*(To be completed by Washington State Archives and Office of the Secretary of State)*

<b>Approved Payment Amount:</b>	<b>Reimbursement Request Number:</b>	<b>PI Code:</b>
<b>Reviewed by:</b>	<b>Phone:</b>	<b>Date:</b>
<b>Approved by:</b>	<b>Phone:</b>	<b>Date:</b>