



WASHINGTON
 Secretary of State
 Washington State Archives

**ORGANIZING THE FILE ROOM
 LOCAL RECORDS GRANT
 REIMBURSEMENT REQUEST FORM**

Submit completed form, along with proof of payment documentation to 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. Items already listed are only suggested items and should be removed or changed to reflect actual expenses.

DATE PAID	DESCRIPTION	EXPLANATION	AMOUNT	FOR SOS USE
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TOTAL AMOUNT REQUESTED

I hereby certify that no staff hours claimed are for overtime hours (any hours over 40/week) or for existing staff hours (*additional hours for part-time staff are okay*).

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

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

Approved Payment Amount: **Reimbursement Request Number:** **PI Code:**

Reviewed by: **Phone:** **Date:**

Approved by: **Phone:** **Date:**