

# Wisconsin Historical Society – Historic Preservation Reimbursement Request

Subgrantee Name: \_\_\_\_\_ Purchase Order No. HS \_\_\_\_\_

Prepared by & Phone: \_\_\_\_\_ Project No. 55- \_\_\_\_\_

Request Period Covered: From \_\_\_\_\_ to \_\_\_\_\_ Reimbursement Request No.: \_\_\_\_\_

Information on allowable costs, documentation required and form completion is in the Subgrant Administration Manual. Consult the Table of Contents for specific location.

## Expenditures

## Total Amounts

Project Category	<u>Current Period</u>	<u>Project to Date</u>
Salaries and Wages	_____	_____
Fringe Benefits	_____	_____
Supplies and materials	_____	_____
Travel	_____	_____
Consultant(s)	_____	_____
Indirect, only matching share	_____	_____
Volunteer, only matching share	_____	_____
Other: _____	_____	_____
<b>GRAND TOTAL:</b> (Federal and Non-federal)	<u>A</u> _____	<u>B</u> _____
FEDERAL SHARE, TOTAL COSTS TO DATE (may not exceed 50% of total project costs, item B)		<u>C</u> _____
FEDERAL SHARE PREVIOUSLY REQUESTED		<u>D</u> _____
FEDERAL SHARE NOW REQUESTED (Line C less Line D)		<u>E</u> _____
FEDERAL SHARE REMAINING (must be 25% of award until products are sent to Historic Preservation)		<u>F</u> _____

I certify: This represents actual project expenditures carried out within the period of the project, and I will maintain itemized financial records for project expenditures for a period of not less than three years after project completion.

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_