

**CLEAN OHIO TRAILS FUND  
PERFORMANCE AND BILLING FORM/INVOICE\***

<b>(1)</b> Name of Project: _____ <b>(3)</b> Applicant: _____ <b>(5)</b> Type of request (circle): Partial Final <b>(7)</b> Period covered: From _____ To _____	<b>(2)</b> Project Number (Office Use) _____ <b>(4)</b> Phone Number: _____ <b>(6)</b> Billing number: _____ <b>(8)</b> Page number: _____ of _____
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(9)Name of Vendor	(10)Check number	(11)Total claim paid or donated amount	(12) Amount eligible for reimbursement	(13)Specific explanation of payment or donation
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				

<b>(14)</b> \$ _____ x .75 (or 75%) =	=	<b>(15)</b> \$ _____
Amount eligible for reimbursement		Amount requested for reimbursement

I certify that, to the best of my knowledge and belief, the above costs are in compliance with the terms of the project and that the reimbursement request represents the Federal share due which has not been previously reimbursed, and that all work meets the terms of the grant.

\_\_\_\_\_  
Signed, Agency Director

\_\_\_\_\_  
Date

**\*NOTE IMPORTANT: Please include a cover letter formally requesting reimbursement with your agency/organization mailing address with the Performance and Billing Form. Your reimbursement will be delayed or returned to you if this form is not properly completed or not submitted as part of your billing package.**