



**SPECIALTY CROP BLOCK GRANT  
REIMBURSEMENT REQUEST**  
NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
BUSINESS, MARKETING AND INFORMATION DIVISION  
SFN 60626 (10-2020)

600 E Boulevard Ave. Dept 602  
Bismarck, ND 58505-0020  
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**REIMBURSEMENT INFORMATION**

Name of Grantee	
Project Title	
Grant Agreement Number	Billing Period

**Identify Completed Activity, Budget Category, and Amount**  
(Completed task should be fully described in Progress Report)

Completed Activity	Budget Category	Amount
Type of Payment Requested (check one) <input type="checkbox"/> No Expenditures <input type="checkbox"/> Quarterly Invoice <input type="checkbox"/> Final Invoice	<b>Total Reimbursement</b> (All amounts above need supporting documents attached)	

**Grantee Certification**

*I certify that this report and supporting documentation has been examined by me, and to the best of my knowledge and belief, the reported expenditures are actual and valid, based upon our official accounting records (books of accounts) and are consistent with the terms of the Grant Agreement.*

Preparer's Signature	Date
Authorized Signature	Date