

Southern Region Emergency Medical Services Council, Inc.
Request for Disbursement of Minigrant Funds

Date Requested _____

Service Name _____

Mailing Address _____

Physical Address (must have for shipping purposes) _____

Email Address _____

Phone _____ Fax _____

Funds Distribution Requested (check one):

- Service will order and pay for the item directly. SREMSC will reimburse the service.
 1. Fax this form to (907) 562-9893 with copies of the invoice paid *plus* any receipts outside of the minigrant (if any) and packing slips to be applied to the local match requirement.
 2. If no receipts are received for local match, SREMSC will deduct local match from your reimbursement check.
 3. Minigrant reimbursement check payee name _____

- Service will order item directly and submit invoice to sremsc for payment to vendor.
 1. Fax this form to (907) 562-9893 with copies of the invoice *plus* any receipts outside of the minigrant (if any) plus packing slips to be applied to the local match requirement.
 2. If no receipts are received for local match, SREMSC will invoice your service for the local match.

- SREMSC will order item and have vendor bill SREMSC directly.
 1. Service will contact vendor for desired equipment and obtain a quote.
 2. Fax this form to (907) 562-9893 with vendor quote *plus* any receipts outside of the minigrant (if any) and packing slips to be applied to the local match requirement.
 3. If no receipts are received for local match, SREMSC will invoice your service for local match amount.

<u>*Description of item</u>	<u>Vendor</u>	<u>Quantity</u>	<u>Cost</u>

* Attach separate sheet if necessary . Total Request _____
 Deduct _____% Community Match _____
 Minigrant Funds Requested _____

By signing below as an authorized representative, you are certifying that this request is a valid minigrant expenditure, and that the community match amount is available.

Printed Name _____ Signature _____ Date _____

SREMSC USE ONLY		
Beginning Minigrant Balance	- This Purchase	= Ending Minigrant Balance