



**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 |
|-----------|-------------|-------------|--------|-------------|
|-----------|-------------|-------------|--------|-------------|

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)

Amount Approved for Payment: **PI Code:**

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

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