



WASHINGTON
 Secretary of State
 Washington State Archives

**TECHNOLOGY TOOLS
 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 Requested Here:

Please list all expenses being claimed for reimbursement. Each item listed MUST be accompanied by proof of payment.

DATE PAID	DESCRIPTION	AMOUNT	FOR SOS USE
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TOTAL AMOUNT REQUESTED

Prepared by: **Phone:** **Date:**

(To be completed by Washington State Archives and Office of the Secretary of State)

Approved Payment Amount: **Reimbursement Request Number:** **PI Code:**
Reviewed by: **Phone:** **Date:**
Approved by: **Phone:** **Date:**