WASHINGTON
Secretary of State
Washington State Archives

DIGITAL IMAGING
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:

Mailing Address:

SOS Contract #: G-####

Statewide Vendor #: SWV########-##

Total Amount Awarded: $ 0.00

Total Previously Requested: $ 0.00

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
		$ 0.00	
		$ 0.00	
		$ 0.00	
		$ 0.00	
		$ 0.00	
		$ 0.00	
		$ 0.00	

TOTAL AMOUNT REQUESTED: $ 0.00

If any archival records have been imaged through this grant project, have the digital and paper copies been transferred to Washington State Archives? Yes ☐ No ☐

If not, would you like to be contacted by your Regional Branch Archivist to arrange a transfer? *Transfer Paper?* Yes ☐ *Transfer Digital?* Yes ☐ No ☐

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

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

Approved Payment Amount: $ 0.00

Reimbursement Request Number:

Fund: 441 **A/I:** 310
PI Code: 6700 **Proj:** LRGP

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