



Department of Environmental Protection  
Bureau of Abandoned Mine Reclamation  
Abandoned Mine Land and Abandoned Mine Drainage Grant Program

**APPLICATION FOR REIMBURSEMENT**

Reimbursement Date: \_\_\_\_\_

Reimbursement No.: \_\_\_\_\_

**This section completed by Grantee.**

Project Name and Number: \_\_\_\_\_

Document No.: \_\_\_\_\_ Vendor No.: \_\_\_\_\_

Payable To (Grantee): \_\_\_\_\_

Point of Contact (POC): \_\_\_\_\_ Phone No.: \_\_\_\_\_

POC's Email Address: \_\_\_\_\_

Partner Bank Type (e.g. BN01, BN02, etc.): \_\_\_\_\_

Reimbursement Period (MM/DD/YR): \_\_\_\_\_ to \_\_\_\_\_

**TOTAL AMOUNT OF REIMBURSEMENT: \$ \_\_\_\_\_**

All related backup to this request is stored in ESA and the project file for audit purposes.

**GRANTEE SIGNATURE:** By signing and submitting this report, I certify to the best of my knowledge the report is true, complete, and accurate and the information contained herein is for the purposes and objectives set forth in the terms of the award. I understand any false information or the omission of any material fact may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. 18 Pa. C.S §4904.

\_\_\_\_\_  
Signature Title Date

*Note: This request will not be processed for payment without a supplemental sheet, backup documentation, and a work progress report.*

***This section for Department use only.***

BAMR Grant Coordinator

Approved by: \_\_\_\_\_

Title: **Grant Coordinator**

Date Approved: \_\_\_\_\_

BAMR Grant Manager

Recommended Payment: \$ \_\_\_\_\_

Recommended by: \_\_\_\_\_  
Grant Manager Name

Date Recommended: \_\_\_\_\_

BAMR Administrative Review

Admin: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Grants Center

Management Tech: \_\_\_\_\_

Date Entered: \_\_\_\_\_



# Abandoned Mine Land and Abandoned Mine Drainage Grant Program

## SUPPLEMENTAL SHEET

DOCUMENT NUMBER: \_\_\_\_\_  
 REIMBURSEMENT PERIOD: \_\_\_\_\_ to \_\_\_\_\_  
 MM/DD/YY MM/DD/YY

### EXPENDITURES (Exp.):

(Backup documentation to include invoices, receipts, logs, etc. in the order outlined below must be attached.)

CONSTRUCTION			
Contractor	EIN	Exp. Amount	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
Budget: _____		Amount this Period: \$ _____	Amount to Date: _____
CONTRACTUAL			
Contractor	EIN	Exp. Amount	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
Budget: _____		Amount this Period: \$ _____	Amount to Date: _____
MATERIALS & SUPPLIES (List individually or lump sum with an attached list.)			
Material or Supply Details		Exp. Amount	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
Budget: _____		Amount this Period: \$ _____	Amount to Date: _____
SALARIES/ BENEFITS (List individually or lump sum with an attached list.)			
Name/Title Per Task & Deliverables	Hours x	Rate =	Exp. Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Budget: _____		Amount this Period: \$ _____	Amount to Date: _____
OTHER (List individually or lump sum with an attached list.)			
Other Details		Exp. Amount	
_____		\$ _____	
_____		\$ _____	
Budget: _____		Amount this Period: \$ _____	Amount to Date: _____
INDIRECT COSTS			
Allowable Modified Total Direct Cost This Period: \$ _____			
Indirect Cost Rate: _____ %		x	_____ %
Total Allowable Indirect Costs This Period: \$ _____			
Budget: _____		Amount this Period: \$ _____	Amount to Date: _____

TOTAL REIMBURSEMENT AMOUNT: \_\_\_\_\_



## Abandoned Mine Land and Abandoned Mine Drainage Grant Program

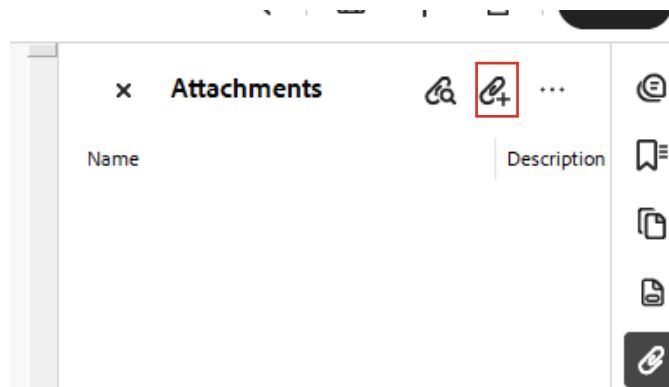
### **SUPPLEMENTAL SHEET**

DOCUMENT NUMBER: \_\_\_\_\_  
REIMBURSEMENT PERIOD: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Please use this page to attach backup documentation required to process the Application for Reimbursement (AFR). Attachments should be added in the order they are listed on the Supplement Sheet. Please be sure attachments are labeled according to the item listed on the Supplemental Sheet.

You may need to select the "Add or View Backup Document" button twice to display the Attachments window. In the attachments window, select the  icon to add attachments.

#### **Attachments window view:**





Department of Environmental Protection  
Bureau of Abandoned Mine Reclamation  
Abandoned Mine Land and Abandoned Mine Drainage Grant Program  
**WORK PROGRESS REPORT**

**Submission Type:** ☐ AFR ☐ Quarterly ☐ Final

Grant Manager: \_\_\_\_\_ Report Period: \_\_\_\_\_ to \_\_\_\_\_

Grantee: \_\_\_\_\_ Document Number: \_\_\_\_\_

Project Name and Number: \_\_\_\_\_

Report completed by: \_\_\_\_\_  
Name Title

**Project Work Completed During the Period:** % Complete \_\_\_\_\_

**Proposed Activity for Next Quarter:**

**Grantee Review & Approval:** As the grantee, I have knowledge of the work completed during the reporting period and have reviewed and approved this Work Progress Report.

\_\_\_\_\_  
Signature Title Date