Maryland
Energy Administration

GRANT REIMBURSEMENT REQUEST

Instructions: Fill out this form in its **entirety**. All fields are required. Failure to complete one or more sections completely and accurately will result in delay of payment until the missing information is provided or errors are corrected. You must itemize the costs for which you are requesting reimbursement in the table on the second page of this form.

NOTE: An authorized representative for the Grantee must sign and date the form in the signature box below. Reimbursement requests without authorized representative signatures will not be accepted.

Date of Reimbursement Request:	
MEA Grant Number*:	

**The Grant number specified in the grant agreement (e.g., 2025-00-518S1)*

OFFICIAL USE ONLY	
☐ OK TO PAY INVOICE	
AMOUNT:	
MEA	
MEA PM APPROVAL SIGNATURE	
DATE:	

SECTION 1 —GRANTEE INFORMATION (REQUIRED)					
Grantee Name (as listed on IRS Form W-9):					
Grantee Street Address (W-9):					
City:		**State:**		**Zip Code:**	
Federal EIN:		**Invoice Number (Unique):**			
Program Name:					
Invoice Date:					
Billing Period Start Date:		**Billing Period End Date:**			

SECTION 2 — REIMBURSEMENT SUMMARY			
Total Grant Award:		**Amount Requested:**	
Total Previously Reimbursed:		**Total Reimbursed to Date (Including This Request)**	
Remaining Grant Balance:		**Total Reimbursed to**	

SECTION 3 — DELIVERABLE / MILESTONE ALIGNMENT	
Deliverable (Attachment B Reference)	Replacement of existing fossil fuel-powered equipment with efficient electric alternatives.
Status (% Complete/In Progress)	Complete
Costs Claimed This Period ($)	

*** *Contracts may be paid in advance*

SECTION 4 — SUPPORTING DOCUMENTATION CHECKLIST

☐ Vendor invoices (itemized)

CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

By signing this invoice, I affirm that the costs for which I have requested reimbursement are directly attributable to the project pursuant to the requirements specified in the grant agreement, and that all applicable terms, conditions, and requirements of the grant agreement have been met. I affirm that I have correctly itemized all costs on the second page of this reimbursement request to the best of my knowledge and ability.

_____ _____

Signature Date

Name (First and Last):	
Title:	
Email:	
Phone Number:	

ITEMIZED COST INFORMATION (REQUIRED)

Instructions: In the table below, list each itemized cost for which you are requesting reimbursement. Please attach all invoices/requests for payment from contractors related to each cost and, if applicable, supply the invoice number in the "Contractor/Vendor Invoice No." box. If additional lines are needed, you may add as many as necessary to the table below.

Line Item No. (e.g., "01")	Description	Contractor/Vendor Invoice No.	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL	$