|  | TRT REQUEST FOR REIMBURSEMENT |                            |                             |
|--|-------------------------------|----------------------------|-----------------------------|
| Project:   |                               |                            |                             |
| Property Owner: Project Address & Mailing Address:                                 |                               |                            |                             |
| Contact Person:  |                               |                            |                             |
| Phone:   |                               |                            |                             |
| Email Address:   |                               |                            |                             |
| Budget Category  | Expenses                      | Documentation<br>Attached? | Reimbursement<br>Requested* |
| Personnel  |                               |                            |                             |
| Equipment/Supplies   |                               |                            |                             |
| Other  |                               |                            |                             |
|  |                               |                            |                             |
|  |                               |                            |                             |
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|  |                               |                            |                             |
|  |                               |                            |                             |
|  |                               |                            |                             |
|  |                               |                            |                             |
| Total  |                               |                            |                             |
| Prepared by:   |                               |                            |                             |
| Signature of Point   |                               |                            |                             |
| Title:   | Date:                         |                            |                             |
| * Amounts Requested for Reimbursement must have adequate supporting documentation. |                               |                            |                             |