


ENERGY REIMBURSEMENT REQUEST
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 59519 (1/17)

 P.O. Box 2057 Bismarck, ND 58502-2057 Telephone: (701) 328-5300 ahpfennig@nd.gov http://www.communityservices.nd.gov/renewableenergyprograms/
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Please complete and submit this **form along with all with other reporting requirements/supporting documents** that were listed in the Scope of Work of the Agreement. This includes invoices, bids, timecards, etc.

Organization		Primary Contact	
Title		Address	
City	State	Zip	DUNS Number
Primary Telephone	Project Location	Primary E-mail	
Program you are requesting reimbursement from:		<input type="checkbox"/> SEP <input type="checkbox"/> Energy Conservation Grant <input type="checkbox"/> Biofuels Infrastructure Partnership Program	

Financial Data

Total Award Amount	\$
Previous Requests	\$
Amount Currently being Requested for Reimbursement	\$
Amount of Funding Remaining	\$
Is this your final reimbursement request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this is your final reimbursement request, was the project completed as described in the approved application? If it was not, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all of your project costs incurred during the award period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Activity Data

Describe what was accomplished with the funds. Include all measures of success and any information required by the scope of work in your agreement.
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By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that my false, fictitious, or fraudulent 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.

Signature	Title	Date
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FOR OFFICE USE ONLY			
Grant Number	Approved for Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	Date