

# Specialty Crop Block Grant Quarterly Reimbursement Request

ODA Project Invoice # \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Project Award Year-ODA Project #: \_\_\_\_\_

ODA Project # is the award year YYYY-assigned number (example: 2025-04)

Project Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Expenditure	Grant Reimbursement Amount Requested	Match Amount	Total Cost
Personnel	_____	_____	_____
Fringe	_____	_____	_____
Travel	_____	_____	_____
Materials & Supplies	_____	_____	_____
Contractual	_____	_____	_____
Other	_____	_____	_____
<b>Total Reimbursement Request</b>	_____	_____	_____
Program Income	_____	_____	_____
		<b>Total Cost</b>	_____

The attached documentation is true and accurate to the best of my knowledge.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Return reimbursement form with:

Copies of paid invoices  Proof of payment  Copies of any printed documents  
(i.e., flyers, publications, etc.)

Invoice and supporting documentation must be submitted in one file.

**All proof of payments and receipts must be labeled with the line-item category it corresponds to on the invoice.**

*Return reimbursement form with all attachments to:  
Ohio Department of Agriculture SCBG Team at: SCBG@agri.ohio.gov*