

## EXPENSE DECLARATION FORM

**This form must be submitted (uploaded to GMS) with all expense reimbursement claims**

**TO: Los Angeles County Regional Park and Open Space District**

**FROM: (Grantee Name)**

**RE: Reimbursement Verification**

I have reviewed the request for reimbursement related to the following:

Grant Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Payment Number: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_

I have examined and approved the attached documents and other information provided to support this claim. I have verified that the amount(s) submitted for reimbursement are accurate and appropriate in accordance with the terms of the grant identified above.

I, \_\_\_\_\_ declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_  
Authorized Representative or Designee

Print Name: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_