

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: _____

Please check this box if your organization is LSBE certified

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: _____