WEST VIRGINIA COMMISSION ON DRUNK DRIVING PREVENTION
EXPENDITURE REPORT
AND
REIMBURSEMENT REQUEST

1. GRANTEE NAME AND ADDRESS	2. GRANT NUMBER	3. DATE PREPARED	4. REPORT NUMBER
5. PREPARED BY	6. PERIOD COVERED From: To:		7. TYPE OF REPORT ( ) Quarterly ( ) Final

I. EXPENDITURE REPORT

8. BUDGET CATEGORY	9. BUDGET	10. PERIOD CASH EXPENDATURES	11. BALANCE	12. UNPAID OBLIGATIONS
Personal Services				
Employee Benefits				
Equipment				
Other				
Total				

II. REIMBURSEMENT REQUEST

I hereby request reimbursement for the period cash expenditures shown under column 10, line 8E above. With respect to expenditures shown under "EQUIPMENT" and "OTHER" categories, copies of paid invoices are attached for documentation purposes. With respect to expenditures shown under the "PERSONAL SERVICES" and "EMPLOYEE BENEFITS" categories, I certify that documentation is on file to report these expenditures. I further certify (1) that all expenditures were obligated within the grant period and they have not been included in a prior reimbursement request, (2) that all equipment and/or materials have been received and conform to approved specifications, and (3) the purchasing procedures prescribed by CDDP have been followed (documentation on file).

_____ _____ _____
Type Name & Title Signature Date

CDDP USE ONLY

TOTAL BUDGET $_____

PRIOR REIMBURSEMENT $_____

THIS REIMBURSEMENT $_____

TOTAL REIMBURSEMENT $_____

BALANCE $_____

DATE PROCESSED _____

COVERSHEET NUMBER _____

FEIN _____

OFFICE CODE _____

ACCOUNT NUMBER _____

VOUCHER NUMBER _____

THIS REQUEST IS APPROVED IN THE AMOUNT OF:

$_____

I CERTIFY THIS REIMBURSEMENT REQUEST IS CORRECT AND PROPER FOR PAYMENT:

_____
SIGNATURE DATE

( ) PARTIAL ( ) COMPLETE