EXHIBIT D

FLORIDA INLAND NAVIGTION DISTRICT
PAYMENT REIMBURSEMENT REQUEST FORM

Project Number and Project Name:		
Project Sponsor (Grantee):		
Reimbursement Request # (or final):		Notes for clarification of this Reimbursement Request:
Grant Amount		
Previous Total Payments		
Previous Total Retainage Held by FIND		
Available Balance	$ 0.00	
Funds Requested for this Payment		
10% FIND Retainage (Unless Final)		
Check Amount	$ 0.00	
Grant Amount	$ 0.00	
All Payments + All FIND Paid Retainage	$ 0.00	
Remaining Balance	$ 0.00	

SCHEDULE OF EXPENDITURES (Should correspond to Project Agreement Exhibit A)

Expense Description	Vendor Name	Check No.	Invoice #	Total Cost	Applicant Cost	FIND Cost
			TOTALS	$ 0.00	$ 0.00	$ 0.00

Certification for Reimbursement: I certify that the above expenses were necessary and reasonable for the accomplishment of the approved project and that these expenses are in accordance with Exhibit "A" of the Project Agreement. *

Project Liaison	Date

*S 837.06 Florida Statutes, False official statements. - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 F.S.

FIND Form No. 25-50, Rule 66B-2.011, F.A.C. (Effective Date 1-1-26)