State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance
EC-SDC Grant Program
101 S. Webster St., PO Box 7921
Madison, WI 53707-7921
dnr.wi.gov

Reimbursement Request

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Grantee Information						
Municipality		Grant Number				
Request Number	Request Type:	□ Partial	□ Final			
Period Covered by this Request (Month/Day/	Year): From	To				
Payment Information						
Request for Payment	Amount		For DNR Use Only			
a. Total actual project cost:						
b. Total amount of payment request:						
	Amount Allowed This C	laim:				
Certification						
I certify that to the best of my knowledge and belief the eligible costs are in accordance with the terms of the Grant Agreement and that all expenditures are based on actual payments of record. This reimbursement represents the grant share due which has not been previously requested. Please either print and sign this form or electronically sign by typing your name in the signature line. If electronically						
signing this form, you are agreeing to be lessignature on a paper document submitted t	gally bound to the same extent as if	you applied a	traditional handwritten			
Signature of Municipality's Authorized Repres	sentative Date S	Date Signed				
Printed Name of Authorized Representative	Title of Authoriz	Title of Authorized Representative				
Email Address	Phone Number	Phone Number (include area code)				

Send completed form, along with all attachments, to: DNRCFELDISBURSEMENTS@wisconsin.gov.

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Worksheet

Instructions: Atta	ch copies of vendor invoices is	sued for all services and	d materials described on this wor	ksheet. Use additional worksheets if ne	eded.	
Grantee Name		Grant Number	Request Number			
Eligible costs:	 Force Account Interim Financing Preliminary Design/Engineering Land or Easement Acquisition 		5. Engineering/Construction Management6. Construction/Equipment7. Miscellaneous Costs8. EIF Closing Costs			
Date	Invoice Number	Payee	Total Invoice Amount	Eligible Cost Item as Listed Above	Total Amount Requested	
				Total Amount Paid:		
Total Amount of Payment Request:						

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