

## CLAIM FORM FOR STATE EXCHANGE FUNDS

CLAIMANT/SPONSOR:

DATE OF CLAIM:

ADDRESS:

CONTACT PERSON:

TITLE:

TELEPHONE:

**THE ABOVE NAMED CLAIMANT HEREBY APPLIES FOR STATE EXCHANGE FUNDS AS PAYMENT OR REIMBURSEMENT IN THE AMOUNT(S) SPECIFIED FOR THE PROJECT(S) LISTED BELOW:**

**PROJECT DESCRIPTIONS**

<b>PROJECTS INVOLVING LOCAL EXCHANGE FUNDS [Payment made on a lump sum basis]</b>	<b>PROGRAM YEAR</b>	<b>AMOUNT PROGRAMMED</b>	<b>AMOUNT CLAIMED</b>
<b>PROJECTS INVOLVING REGIONAL EXCHANGE FUNDS [Paid on a reimbursement basis]</b>	<b>PROGRAM YEAR</b>	<b>AMOUNT PROGRAMMED</b>	<b>AMOUNT CLAIMED</b>

**TOTAL AMOUNT OF CLAIM:**

I HEREBY CERTIFY THAT THE AMOUNTS CLAIMED ABOVE ARE CORRECT AND CONSISTENT WITH THE AMOUNTS APPORTIONED / EXPENDED FOR EACH DESCRIBED PROJECT:

SIGNATURE

DATE