



Florida Department of Environmental Protection

FLORIDA RECREATION DEVELOPMENT ASSISTANCE PROGRAM LAND AND WATER CONSERVATION FUND PROGRAM REIMBURSEMENT REQUEST CHECKLIST

Required Signatures: **No Signature**

Ensure **all invoice numbers and dates, and check numbers and dates** are listed on all Cost Schedules.

Ensure all forms are completed, signed and dated by the appropriate person.

Under the header **Description** give a brief explanation of work accomplished **and the related project element.**

Ensure that all expenditures were incurred prior to the termination date of the project. If checks are dated after the termination date, but work was completed before, attach a brief explanation.

Submit the **Actual Cost Payment Request** form [DRP-115] **with all reimbursement requests** and attach all appropriate cost schedules.

If you have been notified in writing that your project will be audited, please submit 1 copy of the invoice and canceled checks or other back-up documentation, which support the expenditures. This must be done for each payment request. If you have not been notified, keep a copy for your records.

Ensure that all cost schedule totals are correct.

Ensure that all expenditures incurred are related to the project elements as identified in the project agreement.