	mitted with a Grant Program F	nent the value of equipment which ha Reimbursement Request form, SFN #						
Project Name			Project Number	Project Number				
Donated E	• •							
upon the hou		donated equipment must be attached uipment rental business via a quote of ment will not be accepted.						
Date of Donation	Donor Name	Donor Signature		n and Use of Donated Equipment	Hours of Use	Hourly Rate	Value	
Total Value of All Costs Liste								
0:				la.				
Signature of Responsible Official				Date				
Signature of NDPRD Staff (Leave blank for NDPRD Review)				Date				