

**ENERGY REIMBURSEMENT REQUEST**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS**  
 SFN 59024 (04/09)



*Please complete and submit this form along with any other reporting requirements/supporting documents that were listed in the Scope of Work of the Agreement.*

Organization	Direct Primary Contact	
Address	Title	
	Direct Primary Telephone	Direct Primary Fax:
	Direct Primary E-mail	

Total Award Amount	
Previous Requests	
Amount Currently being Requested for Reimbursement	
Amount of Funding Remaining	

**Financial Data**

Were all of your project costs incurred during the award period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this your final reimbursement request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please have your chief executive officer or chief financial officer sign this form.

Signature	Title	Date
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<b>FOR OFFICE USE ONLY</b>			
Grant Number	Approved for Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	Date