



**PERIODIC REPORT
COVER SHEET AND INSTRUCTIONS**

Please use this form to file periodic project reports as required in your Trust grant contract. These reports should consist of the following four parts:

1. **The Cover Sheet.** Please complete the information below as requested and submit the **SIGNED ORIGINAL** with the request for reimbursement.
2. **Request for Reimbursement.** You must submit **copies** of invoices to document each expense for which you request reimbursement. Each invoice must contain the name and address of the vendor, and an itemized list of services or goods with costs and the dates of service or delivery. If invoices contain non-grant items, clearly note the exceptions. Use the "Summary of Invoices Submitted for Reimbursement" and list each invoice on the table, providing the information as requested. Be sure the expenditure description contains sufficient information to determine that the item or activity is a legitimate project expense. The column "Budget Category" references the categories you created in your contract budget outline: each invoice must identify which category names it falls under. Copy the table if you need additional reporting space. Attach invoices in the order listed on the Summary sheet. **The Total on the Summary of Invoices Submitted for Reimbursement must be the same as the Total Amount Requested For This Period on the Periodic Report Cover Sheet.**
3. **Project Narrative.** On a separate page(s), describe project activities, partners and results of the project for this period. If modifications were made to the project, describe the changes and explain why they were necessary. Quantify any results you can, for example, acres restored, pounds recycled, etc.
4. **Report on Matching and In-Kind Expenditures.** Use this form to report all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other matching funds or volunteer labor time.

Project Sponsor: _____

Fiscal Agent: _____

Fiscal Agent Address: _____
(street address, city, state, zip code)

Project Title: _____ **Project No.:** _____

Reporting Period: _____ **Tax I.D. #** _____

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: Click here to enter text. **ACH** or **CHECK**

I certify that this report is correct and just; that all expenses were necessary expenses of the project and were incurred in accordance with the approved grant agreement, including any amendments thereto; and that progress of the work and services under grant contract is satisfactory and consistent with the amount billed. As the Sponsor named above, or agent thereof, I hereby claim reimbursement from the STATE OF NEBRASKA for the attached and itemized expenses, for which payment has not previously been made by the STATE OF NEBRASKA.

FOR THE SPONSOR: _____ **DATE:** Click here to enter a date.
Signature

Typed or Printed Name **TITLE:** _____

Nebraska Environmental Trust Signature **DATE:** _____