

New Jersey Department of Health

**REPORT OF EXPENDITURES AND
REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION GRANTS**

Name of Grantee Organization	Grant No.	Payment Request No.
Type of Report <input type="checkbox"/> Final <input type="checkbox"/> Partial		
Period Covered by Report From: _____ To: _____		

Status of Funds:	Approved Budget	Costs This Period	Total Costs To Date
Classification	_____	_____	_____
Demolition and Removal	_____	_____	_____
General Alteration and Renovation	_____	_____	_____
Plumbing	_____	_____	_____
Heating, Ventilation and Air Conditioning	_____	_____	_____
Electrical	_____	_____	_____
Architect and Engineering Fees	_____	_____	_____
Land, Structures	_____	_____	_____
Relocation	_____	_____	_____
Other Costs (Specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	_____
Less Program Income	_____		_____
State Share	_____		_____
Amount Requested for Reimbursement			_____
% of Physical Completion of Project		_____	_____

CERTIFICATION	
I certify that to the best of my knowledge and belief the billed costs and disbursements are in accordance with the terms of the project and that the reimbursement represents the amount due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.	
Signature of Authorized Certifying Officer	Date Report Submitted
Signature of Authorized Division Official	Date