



**2024 Upper Shore Micro Ag Grant Reimbursement Request**

**GRANT AWARDEE:**

COMPANY INFORMATION	
Contact Person:	
Address:	
Phone:	
Email:	
Award Granted:	\$

EXPENSE:	AMOUNT:
<b>Total:</b>	\$

**Signature of Awardee:** \_\_\_\_\_

\*Please attach all receipts and invoices for a timely reimbursement.