



2023 Upper Shore Micro Ag Grant Reimbursement Request

GRANT AWARDEE:

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

| EXPENSE: | AMOUNT: |
|---------------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total: | \$ |

Signature of Awardee: _____

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