Georgia State Financing and Investment Commission

Construction Division

Request for Reimbursement

Name of Requesting Agency / Department / Authority:

_____

Project Number _____

Project Name _____

Bond Issue _____

Reimbursement Period Covered: From _____ to _____

Amount Authorized - Commitment Amount	$ _____
Amount Previously Disbursed	$ _____
Balance of Commitment Amount	$ _____
Amount to be Reimbursed per this Request	$ _____

Authorized Signature: _____

Date: _____

Remit Payment to:	Agency Contact for this Request
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____