700 SW Harrison Street,
2nd Floor – West
Topeka, KS 66603-3745

BUILD KANSAS FUND REIMBURSEMENT REQUEST FORM

Date of Submission: _____

Build Kansas Fund Project #:
_____

Recipient Address:
_____

Reimbursement Request #:
_____

Point of Contact Name:
_____

Recipient Name:
_____

Point of Contact Email:
_____

Funding Information:

Total Build Kansas Funds Committed: $_____

Total of Prior Requests: $_____

Current Build Kansas Funds Request: $_____

Total Remaining Build Kansas Funds: $_____

☐ This submission includes our federal government reimbursement documentation.

☐ This submission includes the federal government documentation received approving our request.

**Both options must be checked to proceed.*

Please submit this form along with the requested documentation to jessica.pierce2@ks.gov.

Name: _____

Signature: _____

For Office Use Only:

Date Approved: _____ HUB Staff Name: _____

Form Date 12172024