



The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

PERIODIC REPORT COVER SHEET AND INSTRUCTIONS

Please use this form to file periodic project reports as required in your Trust grant contract. These reports should consist of the following four parts:

- The Cover Sheet.** Please complete the information below as requested.
- Request for Reimbursement.** You must submit original invoices to document each expense for which you request reimbursement, unless otherwise provided in your grant contract. Each invoice must contain the name, address and social security or federal tax identification number of the vendor, and an itemized list of services or goods with costs and the dates of service or delivery. If invoices contain non-grant items, clearly note the exceptions. On the reverse of this page you will find a table entitled "Summary of Invoices Submitted for Reimbursement." List each invoice on the table, providing the information as requested. Be sure the expenditure description contains sufficient information to determine that the item or activity is a legitimate project expense. The column "Budget Category" references the categories you created in your contract budget outline: each invoice must identify which category name it falls under. Copy the table if you need additional reporting space. Clip the invoices in the order listed on the Summary sheet.
- Project Narrative.** On a separate page(s), describe project activities, partners and results of the project for this period. If modifications were made to the project, describe the changes and explain why they were necessary. Quantify any results you can, for example, acres restored, pounds recycled, etc.
- Report on Matching and In-Kind Expenditures.** Use this form to report all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other matching funds or volunteer labor time.

Project Sponsor: Nebraska Department of Natural Resources

Fiscal Agent: Gayle Staff, Fiscal Officer of Steve Gaul, Designated Project Representative

Fiscal Agent Address: Nebraska Department of Natural Resources, PO Box 94676, 301 Centennial Mall South, Lincoln NE 68509-4676
(street address, city, state, zip code)

Project Title: Water Policy Study/Projects Project No.: 03-164

Reporting Period: July 1, 2004 to Sept 30, 2004 Tax I.D. # 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$ 903.73 ACH or CHECK

I certify that this report is correct and just; that all expenses were necessary expenses of the project and were incurred in accordance with the approved grant agreement, including any amendments thereto; and that progress of the work and services under grant contract is satisfactory and consistent with the amount billed. As the Sponsor named above, or agent thereof, I hereby claim reimbursement from the STATE OF NEBRASKA for the attached and itemized expenses, for which payment has not previously been made by the STATE OF NEBRASKA.

FOR THE SPONSOR: _____ DATE: October 27, 2004

Signature _____

STEVE Gaul TITLE: Designated Project Representative

Typed or Printed Name _____

Nebraska Environmental Trust Signature

DATE: _____



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SUMMARY OF INVOICES SUBMITTED FOR REIMBURSEMENT

Invoice # or Date	Vendor	Description of Services	Budget Category	Invoice Amount
TOTAL:				\$

Project # _____ Project Sponsor: _____

Report for period from _____ to _____



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REPORT ON MATCHING AND IN-KIND EXPENDITURES

Please summarize all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other grants, matching funds or volunteer labor time.

ITEM	SOURCE	\$ VALUE
TOTAL:		\$

Report for period from _____ to _____