



Request for Reimbursement Form

Complete this form in its entirety and submit it with a copy of all original invoices, the original paid receipt, and a signed copy of the certificate of conformance compliance from the vendor to:
 Voting Equipment Elections Specialist
 Wisconsin Government Accountability Board
 P.O. Box 7984
 Madison, WI 53707-7984

Please Print or Type

HINDI Number	County	Name of Municipality	
Name and Physical Address of Polling Place		Today's Date	
Name of Person Completing this Request	Title of Person Completing this Request	Phone Number of Person Completing this Request	
		Total Reimbursement Amount being Requested	\$

We, the claimant, on behalf of the **(circle one)** County, City, Village or Town of _____, certify that the items for which reimbursement is claimed were furnished Accessible Voting Equipment only as set forth in the application. We further agree in accordance with S. 5.05 (11), Wis. Stats., that if the federal government objects to the use of any assistance moneys provided to the municipality under this agreement, the **(circle one)** County, City, Village, or Town shall repay the amount of assistance provided by the Board.

Municipal Clerk signature _____

Today's Date _____