

## Education Scholarship Reimbursement Request Certified Local Government (CLG) Subgrant Program | FY23

Reimbursements must be submitted within two months of completion of education/training opportunity

Submit reimburs	•	nd documentation via email all documentation into one	•	ling@state.co.us. Please
Name of CLG:				
Please include the i	name of the pers	on that attended, their role	with the CLG, and	I the registration and
lodging expenses:				
Attendee Name	Role	Registration Fee	Expenses	Total Amount
Documentation Cl	hecklist: (all iter		otal Reimbursen	nent Amount:
Invoice(s) or receip	pt(s) for the conf	ference.		
A written summary	y of the course(s	)/session(s) attended for ea	ch attendee that in	ncludes the following:
	ions and dates a	ttended or recordings watc	hed (three required	d, but please list all
sessions).  • Three thins	re the attendee le	earned (overall, not per sess	eion)	
-		nend the educational progr		?
		meeting where information		
•		ported above have been PA		
and that any false o	r misrepresented	l information may require i	mmediate repaym	ent of any or all funds.
Signature of Staff I	Person Responsil	ole for Grant	Date	