



2025 Upper Shore Micro Ag Grant Reimbursement Request

GRANT AWARDEE:

COMPANY INFORMATION	
Contact Person:	
Address:	
Phone:	
Email:	
Award Granted:	\$

EXPENSE:	AMOUNT:
Total:	\$

Signature of Awardee: _____

*Please attach all receipts and invoices for a timely reimbursement.