



**ENERGY LOAN PROGRAM & ENERGIZE MISSOURI LOAN PROGRAM
REIMBURSEMENT REQUEST**

LOAN RECIPIENT		Building or Facility	
ADDRESS		CITY	STATE MO
ZIP CODE			
LOAN NO. DPDEL	TOTAL LOAN AMOUNT	FEDERAL TAX IDENTIFICATION NUMBER	

ECM INFORMATION

ECM No. <small>(See Approved Measures List)</small>	ECM Estimated Cost	ECM Loan Amount	Current Cost	Total of Previous Requests	Payment This Request	Estimated Completion Percentage
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Reserve						
Totals						

ATTACH COPIES OF PAID INVOICES, CANCELED CHECKS, AND AN ITEMIZED ACCOUNTING SUMMARY TO SUPPORT THIS REIMBURSEMENT REQUEST

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DATA ABOVE IS CORRECT AND THAT ALL OUTLAYS WERE MADE IN ACCORDANCE WITH THE AGREEMENT AND THAT PAYMENT IS DUE AND HAS NOT BEEN PREVIOUSLY REQUESTED.

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE	DATE
TYPE OR PRINT NAME OF AUTHORIZED OFFICIAL		TELEPHONE NUMBER
DED-DE APPROVER	DATE	
DED-DE APPROVER	DATE	

REMARKS (OFFICE USE ONLY)