

**Archival Supply Purchase Grant  
Reimbursement Form**

**Organization:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Archival supplies were purchased from the following company(s) \*:

|   | <b>Company</b> | <b>Receipt<br/>Included</b> | <b>Total</b> |
|---|----------------|-----------------------------|--------------|
| 1 |                |                             |              |
| 2 |                |                             |              |
| 3 |                |                             |              |
| 4 |                |                             |              |
| 5 |                |                             |              |
|   | <b>TOTAL</b>   |                             |              |

**\* Copies of itemized receipts must be included in order to process reimbursement.**

For more information please contact Grants & Contracts Officer, Amy Munson at 701-328-3573 or [amunson@nd.gov](mailto:amunson@nd.gov).

Please submit the reimbursement to:  
 Archival Supply Purchase Grant  
 Attn: Amy Munson  
 Grants & Contracts Officer  
 State Historical Society of North Dakota  
 612 East Boulevard Avenue  
 Bismarck, ND 58505-0830