



NURSING FACILITY TRAINING GRANT REQUEST FOR REIMBURSEMENT FORM AND INSTRUCTIONS

Revised April 2023

Instructions for Requesting Reimbursement



To obtain reimbursement, please complete the form below and submit it along with evidence of wages paid to the following e-mail address: DLT.INVOICE@dlt.ri.gov



Be sure to attach evidence of completed training and costs incurred before sending. For more information on acceptable documentation, please consult the “Reimbursement Process” section of the Nursing Facility Training Grant Program Guide. Incomplete documentation will result in delayed or denied payment. A partial payment may be processed based on documents provided.



The Nursing Facility Training Grant Request for Reimbursement Form and supporting documents must be received within sixty (60) days of the contract end date. Late submissions will be rejected.



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Contract Number: _____

Contract Start Date: _____

Contract End Date: _____

Employer Name: _____

Employer Address: _____

Employer Contact Person: _____

Employer Contact Phone: _____

Training Name: _____

Award Amount: _____

Total Funding Utilized: _____

Employer Signature: _____

FOR DLT USE ONLY

Invoice Number:	
Total Amount Approved:	
Business Affairs Approval:	