



**ERGONOMIC GRANT
REIMBURSEMENT REQUEST**
EMPLOYER SERVICES /
LOSS CONTROL DIVISION
SFN 60459 (04/2018)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Attach paid invoice(s) to match all items purchased. The invoice must include: vendor's name and telephone number; description of item(s) and/or service(s); date(s) of purchase; and dollar amount. Include a copy of the proof of payment (example: cleared check, billing statement, or credit card receipt).

SECTION 1 – Employer information				
Employer's name		Contact name		
Employer's mailing address		Title		
City		State	ZIP code	
Telephone number		Email address		
Employer account number	Grant award number		Supplier ID number (Obtained from ND OMB)	
SECTION 2 – Vendor information (If additional vendors, list on attached sheet.)				
Vendor name	Item description	Quantity	Amount	Total amount (paid before tax)
			\$	0
			\$	0
			\$	0
			\$	0
			\$	0
			\$	0
SECTION 3 – Signature				
Authorized official			Date	

For WSI use only	
Grant award number	Amount of reimbursement
WSI signature/approval	Date
WSI review signature/approval	Date

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