



Submitted By: _____ Date: _____

Signature _____

I attest that all items or services for which reimbursement is requested have been received or completed during this reporting period. The information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

REIMBURSEMENT REQUEST

Subgrantee Name: _____
Award #: _____ **Grant Year:** _____
Award Amount: _____

Type	Category	Item	Date Purchased	Unit Cost	Qty	Total Cost	Total Cost Charged to grant	Recipient Entity and Location	Discipline	Training Complete (Y/N)

Total Current Reimbursement Request (this Grant Year/Award)	
Total Previous Reimbursement Requests (enter zero if this request replaces all prior requests)	
Total Cumulative Reimbursement Requests for this award	

Please Submit a separate Reimbursement Request for each Grant Year. Copies of invoices to support each of the above expenditures MUST be attached
A copy of your canceled check(s) or credit card payment(s) MUST be attached for each item purchased.

Type refers to Training "T" , Equipment "E" or Exercises "X" / Category refers to Personal Protection Equipment "PPE", Interoperable Communication Equipment "ICE", etc.

Discipline includes Fire Service "FS", Law Enforcement "LE", Emergency Management Services "EMS", Tribal, Emergency Management "EM", etc.

Subgrantee Questions/Comments

FOR OKOHS USE ONLY - SUBGRANTEES DO NOT USE THIS AREA