New Hampshire Department of Safety

2006 Homeland Security Grant Program
REIMBURSEMENT REQUEST

Submitted By (Typed/Printed Name):	Date:
Signature of Program Manager:	

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

FOR NH DOS USE ONLY – SUBGRANTEES DO NOT USE THIS AREA

Grant: _____ Year:_____ Amount:_____

Payee:_____Class:_____

Approved:

Please Type or Print This Form Clearly

Subgrantee Name: _____

Project Name: _____

Award Amount: _____

LETPP or SHSP: _____

AEL #	Item	Date Purchased	Qty	Total Cost	Total Charged to Grant	Recipient Entity and Location	Discipline

Total Current Reimbursement Request		*Have you submitted NIMS certificates for all staff? Yes No
Total Previous Reimbursement Requests (enter zero if this request replaces all prior requests)		*Are your Quarterly Progress Reports up to date? Yes No
		*Hazmat have you submitted documents for elected officers? Yes No N/A
Total cumulative Reimbursement Requests for this Award		The above answers should all be Yes (N/A if not a HZ Team on question 3) in order for your reimbursement to be approved.

Please submit a separate Reimbursement Request for each 2006 Award. Copies of invoices and canceled checks to support each of the above expenditures MUST be attached.

Subgrantee Questions/Comments: