FINANCIAL REIMBURSEMENT REQUEST DETAIL

DEPARTMENT OF EMERGENCY SERVICES

SFN 54169 (5-2009)

Grant/Project Title			Fiscal Year
Name of Subgrantee		County/Tribe	
Address		City	State / ZIP Code
Name of Contact			DES Grant Code
Telephone Number	Request Number	Request Date	Grant Number

FORM TO BE COMPLETED BY AUTHORIZED FISCAL AUTHORITY

- Attach supporting documentation. Examples of documentation include copies of invoices, checks, etc.
- Itemize expenditures under the appropriate categories. Indicate the appropriate item number from the approved budget report that you are requesting reimbursement on in the category section below.

CATEGORY	TOTAL	**Check Number** or **Other Proof** of Payment

CATEGORY	TOTAL	**Check Number** or **Other Proof** of Payment
Total Amount Expended		
Percent of Total Amount Expended Being Claimed		
Total Federal Funds Requested This Claim		

By signing below I am certifying that to the best of my knowledge and belief, this report is correct and complete an that all outlays and unpaid obligations are for the purposes set forth under the terms of the approved project. Attached are copies of all documentation of expenses to substantiate the amount of this claim.

Signature of Authorized Individual

Date

Approval (Department of Emergency Services) ☐ Yes ☐ No	
Approved By	Date