

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**

Award #:	Grant Year:								
Award Amount:	Request #								
Reimbursements will be he A copy of your canceled ch	of your equipment requested that show the ma eld until the pictures are received. Reimbursen neck(s) or credit card payment(s) MUST be atta Reimbursement Request for each open grant.	nents will NOT be	e processed if your purchased.	u're d	elinquent in your	QSR reprorting.			
Type AEL#	Item	Date Purchased	Unit Cost	Qty	Total Cost	Total Cost Charged to grant	Recipient Entity and Location	Disciplin e	Training Complete (Y/N)
Total Cumulative Reimburs Please note not all items h	nent Requests (enter zero if this request replace sement Requests for this award lave an AEL number such as Salary & Benefits, T	Training, Exercise		m, if yo	ou're unsure of w	hat number to use p	lease email or call.		
	), Organization (O), Equipment (E), Training (T), vice "FS", Law Enforcement "LE", Emergency N		vices "EMS", Tri	oal, En	nergency Manage	ment "EM", etc.			
Subgrantee Questions/Comments FOR OKOHS USE ONLY - SU	JBGRANTEES DO NOT USE THIS AREA:						Total OKOHS appro	ved cost:	
Approved to Pay/PO #		C	OKOHS Signature				\$		

**Sub-recipient Name:**