PAGE 1. EMPG REIMBURSEMENT REQUEST DATA SHEET



					GO WENT & MONTH		
ubGrantee Name: ddress:			SPGA UNIT USE ONLY				
Municipality FEIN: Phone Number:							
SECTION I & II: Reimbursement and	d Quarterly Info	ormation: Please co	omplete d	ne renor	t for the quarte	rs in which	
you are seeking reimbursement and attac							
Funding Pe		porto are delicica b	<u> </u>			<u>~</u>	
				<u> </u>			
Amount Seeking Reimbursen	nent: 1st 🔃	\$	_ 3rd	<u></u> \$		_ F <u>ina</u> l	
Total:	2nd	\$	4th	\$		_	
Sub Grant Award Nun	- har						
1. Please <u>briefly</u> explain your project		•	rters. (IE	. enhand	cements of em	ergency	
management capabilities in your	jurisdiction or n	ew strategies).					
Section III: Documentation: Check a	Il that apply to yo	ur program and atta	ch docum	entation	to this form wit	th	
the corresponding quarters from the EMI		ar program and acca	cii docuii	iciitatioii	to this form wi		
Personnel/Fringe		on/Equipment/Oth	or		In-kind		
	Organization/Equipment/Other						
Financial system payroll report with	Invoices			Volunteer time- In Kind Services			
the following:	Copy of checks or financial accounting			Form attached or internal form with the same information			
Employees Name	system report with vendor name, invo			tne sam	e information		
Dates of Service	number, check number, amount and			Права			
Check Numbers Number of Hours	date. If reimbursement documentation doe.			Donated Equipment:			
				Donation Date			
☐ Hourly rate	not agree to invoice amount highlight and provide calculation used for			Market value or			
☐ Actual Fringe☐ Identify Payroll codes if other than	•			substantiation			
	reimbursement (ie. Phone bills, reimbursable items on credit cards)				Descript	ion	
regular and overtime.		,					
Submit documentation if fringe is other than the standard rate.	Mileage: submit completed mileage reporting form or subgrantee						
Stipend: provide copy of check with	(municipal) form with the same						
indication that this is a stipend		that is on our mileag	e form				
payment.	mormation	that is on our mileas	c ioiiii.				
payment							
	FOR DESPP/DEMIH	S Use Only Below this p	oint:				
Regional Coordinator Check:							
☐ The grantee has provided the required docu	-			-			
☐ If equipment has been purchased in excess						enort) and	
☐ The required reimbursement forms are attached for the quarters seeking reimbursement (EMPG Financial Tool Financial Report) and all documentation has been checked for accuracy)							
☐ All items are allowable under EMPG.							
Signature of Regional Coordinator:	Date:	Signature of Grants	Superviso	<u>r</u>		Date:	
Signature of EMPS:	Date:						
<u></u>	<u> </u>						
Fund Dept SID	Program	Account (CH1	CH2	Bud Ref	Project	