PAGE 1. EMPG REIMBURSEMENT REQUEST DATA SHEET

SubGrantee Name:

Address:

Municipality FEIN:

Phone Number:

SPGA UNIT USE ONLY
Date Reviewed
PO Number

SECTION I & II: Reimbursement and Quarterly Information: Please complete one report for the quarters in which you are seeking reimbursement and attach. The financial reports are denoted by quarter in the EMPG Financial Tool.

Funding Period:	<Select>		
Amount Seeking Reimbursement: **Total:** $ 0.00	**1st** $ **2nd** $	**3rd** $ **4th** $	**Final** ☐
Sub Grant Award Number:			

1. **Please briefly explain your project milestones over the selected quarters. (IE. enhancements of emergency management capabilities in your jurisdiction or new strategies).**

Section III: Documentation: Check all that apply to your program and attach documentation to this form with the corresponding quarters from the EMPG Financial Tool.

Personnel/Fringe	Organization/Equipment/Other	In-kind
☐ Financial system payroll report with the **following:** ☐ Employees Name ☐ Dates of Service ☐ Check Numbers ☐ Number of Hours ☐ Hourly rate ☐ Actual Fringe ☐ Identify Payroll codes if other than regular and overtime. ☐ Submit documentation if fringe is other than the standard rate. ☐ Stipend: provide copy of check with indication that this is a stipend payment.	☐ Invoices ☐ Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. ☐ If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement (ie. Phone bills, reimbursable items on credit cards) ☐ Mileage: submit completed mileage reporting form or subgrantee (municipal) form with the same information that is on our mileage form.	☐ Volunteer time- In Kind Services Form attached or internal form with the same information ☐ Donated Equipment: ☐ Donation Date ☐ Market value or substantiation ☐ Description of Equipment

For DESPP/DEMHS Use Only Below this point:

Regional Coordinator Check:

☐ **The grantee has provided the required documentation and project outlays match the documentation provided.**

☐ **If equipment has been purchased in excess of $5,000.00, the Equipment/Property Reporting Form is attached.**

☐ **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 Supervisor**	**Date:**
Signature of EMPS:	**Date:**	**DESPP Fiscal Unit Receiver** *Date Received by Fiscal*	**Date:**

Fund	Dept	SID	Program	Account	CH1	CH2	Bud Ref	Project