

# REIMBURSEMENT REQUEST DATA SHEET



Grantee Name:  
Address:

## DESPP/DEMHS USE ONLY:

Contract Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Request Received: \_\_\_\_\_  
Documentation Finalized: \_\_\_\_\_

FEIN (Municipality):  
Grant Award Number:  
Phone Number:  
Person Completing Document:

*\*All sections are required\**

## Reimbursement Information:

1. Program Year	
2. Match Percentage	
3. Grant Program Title	
4. Funding Breakdown of <b>this</b> Request (Should Match Totals on Reimb. Verification Tool)	Total Expended (This Req.): _____ State Share: _____ Grantee Match: _____
5. Number of This Request (Maximum of 4)	_____ out of _____ <input type="checkbox"/> Final

## School Safety and Security Plan Status:

- ☐ Plan Completed and Submitted to the [DEMHS Regional Office](#) in which the grantee is located.  
☐ Development of plan is in process, estimated completion date: \_\_\_\_\_.  
 x \_\_\_\_\_ **Initial here to certify the status of the School Emergency Plan (Required)**

## Completion Checklist: (Reimbursement can be withheld without the following)

Forms	Documentation
<input type="checkbox"/> Reimbursement Verification Tool matching Total seeking reimbursement. <input type="checkbox"/> Full 50 Page NCEF Checklist (if FINAL reimbursement) Emergency Plan Certification Submitted with Signatures/Signatory Page of Emergency Plan (if FINAL reimbursement)	<input type="checkbox"/> Invoices <input type="checkbox"/> Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. <input type="checkbox"/> If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement. <input type="checkbox"/> If item paid with credit card, show credit card payment by grantee.

X



X



Project Director Signature

Date

Authorized Official Signature

Date

## FOR DESPP/DEMHS USE BELOW

### DESPP/DEMHS Program Manager Checklist:

- ☐ Full NCEF Electronically Filed  
☐ Emergency Plan Certification/ Signatory Page On File  
☐ Reimbursement Request Totals Reconciled.

Program Manager Signature:

Grant Supervisor Signature:

Fund	Dept.	SID	Program	Account	CH 1	CH 2	Bud Ref	Project