DEMHS - SLCGP Reimbursement Verification Form

Item #	Vendor	Invoice Number	Invoice Date	Invoice Amount	Check Number	Budget Cat.	Amount Requested for Reimbursement
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Total Reimbursement Request $ $ 0.00

I certify the above charges are accurate and allowable for reimbursement under the requirements of the State and Local Cybersecurity Grant Program and corresponding conditions listed in my subgrant award. I further certify that all costs are listed in the approved subapplication and if ineligible costs are included in the reimbursement package, my organization will not be reimbursed for those ineligible costs.

Signature of Grantee Chief Fiscal Officer

Name: _____

Title: _____

_____
Date

_____
Grant #

DESPP Review and Approval
Program Manager Approval-Signature

Copies of all documents must be attached. No payments will be processed if any supporting documentation is missing, incomplete or incorrect.