



**WYOMING OFFICE OF HOMELAND SECURITY  
2020 SHSP Grant Reimbursement Request**

Jurisdiction:		Total Award Amount:	
Payee (If different from above):		Grant Project ID #:	
Prepared By:			
Phone:	Email:	Drawdown Request #:	

***Please complete all sections of Reimbursement Request and Expense Claim Forms. Incomplete requests will be returned for completion.***

1. Cumulative Previous Request		(Total of all previous requests)
2. Total Amount of this Request		(Amount requested on this drawdown)
3. Is this your final reimbursement request?	Yes or No	(Circle One)

Reimbursement Checklist:

- Request Form
- Expense Claim Form
- Invoice
- Proof of Payment

**PLEASE ATTACH EXPENSE CLAIM FORM LISTING ALL EXPENDITURES.**

I certify to the best of my ability that all purchases are for the purpose of the grant and are allowable as defined in the Program Guidance. All expenses listed on the Expense Claim form have been paid for and/or ordered and the appropriate supporting documentation is included with this request. In addition, all supporting documentation is on file and will be retained for a minimum of three (3) years after the close of the grant or resolution of any audit issues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WOHS Use Only:**

Reimbursement request is:

Approved: \_\_\_\_\_ Modified to: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Received: \_\_\_\_\_ Drawdown Number: \_\_\_\_\_

Remaining Balance

Verified by:

Total drawdown requested:

Approved by: \_\_\_\_\_ Program Manager \_\_\_\_\_ Date \_\_\_\_\_