



**WYOMING OFFICE OF HOMELAND SECURITY
IECGP Reimbursement Request**

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

1. Cumulative Previous Request	\$ _____ -	(Total of all previous requests)
2. Total Expenditures	\$ _____ -	
3. Amount of this Request		
a. Training (100% Reimbursement)	\$ _____ -	
b. Equipment (75% Reimbursement)	\$ _____ -	
TOTAL REIMBURSEMENT REQUESTED (Add a + b)	\$ _____ -	(Amount requested on this drawdown)
4. Match (Equipment only 25%)	\$ _____ -	
5. Cash Balance on Hand as of today	\$ _____ -	(Cash amount remaining from previous requests)

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/and or ordered and the appropriate invoice/purchase order is included with this request. In addition, all supporting documentation is on file in the office of record and available for review or audit. Copies of documentation will be retained for a minimum of three (3) years after the close of the grant or resolution of any audit issues.

Authorized Signature: _____ Date: _____

WOHS Use Only:

Reported Expenditures justify this REIMBURSEMENT request amount. YES _____ NO _____

Reimbursement request is:

Approved: _____ Modified to: _____ Denied: _____

Date Received: _____ Drawdown Number: _____

Remaining Balance _____

Verified by: _____

Total drawdown requested: _____

Approved by: _____ Program Manager _____ Date _____

Submit Original Signed Copy