Oklahoma Office of Homeland Security
Prevent, Protect, Prepare

Submitted By: _____ Date: _____

Signature _____

I attest that all items or services for which reimbursement is requested have been received or completed during this reporting period. The information contained in this document and any attachments is true and correct to the best of my knowledge and

REIMBURSEMENT REQUEST

Subgrantee Name: _____

Award #: _____ **Grant Year:** _____

Award Amount: _____ **FEI# ("EIN"):** _____

Type	AEL/ Category	Item	Date Purchased	Qty	Total Cost (Unit Cost x Qty)	Total Cost Charged to grant	Recipient Entity and Location	Discipline	Training Complete (Y/N)
Total Current Reimbursement Request (this Grant Year/Award)									
Total Previous Reimbursement Requests (enter zero if this request replaces all prior requests)									
Total Cumulative Reimbursement Requests for this award									

Please Submit a separate Reimbursement Request for each Grant Year. Copies of invoices to support each of the above expenditures MUST be attached

Type refers to Training "T" , Equipment "E" or Exercises "X" / Category refers to Personal Protection Equipment "PPE", Interoperable Communication Equipment "ICE", etc.

Discipline includes Fire Service "FS", Law Enforcement "LE" or Emergency Management Services "EMS", etc.

The AEL number can be found at MIPT's Responder Knowledge Base Website located at: https://www.rkb.mipt.org/ The AEL is broken down by expense category ie. PPE etc

Subgrantee Questions/Comments	
FOR OKOHS USE ONLY - SUBGRANTEES DO NOT USE THIS AREA	