

**HMEP GRANT REIMBURSEMENT REQUEST SUBMISSION FORM**

<b>Jurisdiction (LEPC)</b>	<b>Project Title</b>
<b>Total Award Amount</b>	<b>Request Period (Quarter)</b>
<b>Payee</b>	<b>Date of Request</b>
<b>Reimbursement Request #</b>	<b>Current Reimbursement Request Amount</b>

**DESCRIPTION OF EXPENSES**

<b>COURSE FEES INSTRUCTOR FEES</b>	
<b>CONTRACTUAL COSTS</b>	
<b>EQUIPMENT COSTS</b>	
<b>TRAVEL (Training) COST</b>	
<b>LODGING (State Rate) COST</b>	
<b>PER -DIEM (State Rate)</b>	
<b>SUPPLIES EXPENSES</b>	
<b>RENTAL EXPENSES</b>	
<b>OTHER COSTS (1)</b>	
<b>OTHER COSTS (2)</b>	
<b>OTHER COSTS (3)</b>	
<b>TOTAL EXPENSES</b>	

<b>Match Amount:</b>	
<b>Match Type:</b>	

**CERTIFICATION**

I certify that all expenses listed in this report have been incurred and 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 closing of the grant performance period or resolution of any audit issues.

<b>Signature of the LEPC Chair</b>	<b>Signature of the Project Manager</b>
<b>Date:</b>	<b>Phone (Project Manager):</b>
<b>Email Address (Project Manager):</b>	