Print Form

Arkansas Department of Emergency Management
Homeland Security Branch

Homeland Security Grant Program
Jurisdiction Reimbursement Request

Jurisdiction Name

Grant Program and Year

Vendor Name

Reimbursement Request Amount $

◯ 100% Reimbursement ◯ PO / 80% Request ◯ PO / Final Invoice - Balance ◯ Added to Inventory

☐ Proof of Payment Attached ☐ Invoice / Receipt Attached PO Number

Comments/ Notes

Submitted By Date

ADEM OFFICIAL USE ONLY

ADEM Staff Received

Date

ADEM Staff Processed

Date

☐ Submitted for Review / Approval ☐ Returned to Jurisdiction ☐ Inventory has been verified

ADEM Staff Approval

Date

☐ Approved ☐ Denied ☐ Returned for Review ☐ Other: _____