SHSGP Expense Claim
3/05

WYOMING OFFICE OF HOMELAND SECURITY
EMPG Expense Claim Form

Jurisdiction:		
		Grant #:
Prepared by:		**Award Period:**
Phone: ( )	**Email:**	**Request Period:**

Payee/Vendor	Description of Expense	Equipment RTK Category	Solution Area (POETE)	Purchase/Service Date(s)	TOTAL
TOTAL AMOUNTS EXPENDED					**$ -**
FEDERAL SHARE (50%) - EMPG Only **Round down extra penny.** **Matching funds must come from non-federal sources and cannot be used toward meeting match/cost share requirements of another federal grant.**					**$ -**

I hereby certify that all expenses claimed hereon have been paid in full and supporting documentation is attached.

Signature of County Official _____

Printed Title _____