



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

Jurisdiction:		Total Award Amount:
		Grant #:
Prepared By:		Award Period:
Phone: (307)	Email:	Request Period (Quarter dates):

- 1. Total Expenditures this Quarter: _____
- 2. Federal Share 50% _____ (round down extra penny)

PLEASE ATTACH EMPG FORM THAT SHOWS A COMPLETE LIST OF EXPENDITURES.

I certify that the all expenditures were incurred for the purposes of the grant. All expenses listed in this report have been paid 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 the close of the grant or resolution of any audit issues. This certification affirms grant funds were used to supplement existing funds, and not used to replace (supplant) funds that have be appropriated for the same purpose.

Authorized Signature: _____ **Date:** _____

WOHS Use Only:

_____ Yes _____ No Required Quarterly Workplan Reports have been submitted to date.

_____ Yes _____ No Reported Expenditures justify this REIMBURSEMENT request amount.

Amount Request above is _____ Approved Modified to \$ _____ Denied _____

Program Manager's Signature: _____ Date: _____

Submit Original Signed Copy