



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

Jurisdiction:		Total Award Amount: \$
Payee (If different from above):		Grant Project ID #:
Prepared By:		Award Period:
Phone:	Email:	Request Period (Quarter):

- 1. Total request \$ \_\_\_\_\_
- 2. Match 20% hard match \$ \_\_\_\_\_  
or 10% hard match/10% in-kind\*
- 3. Reimbursement Amount Requested \$ \_\_\_\_\_

**PLEASE ATTACH HMEP 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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>WOHS Use Only:</b>			
_____ Yes	_____ No	*LEPC Meeting Minutes provided for in-kind match.	
_____ 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**