

WYOMING OFFICE OF HOMELAND SECURITY LEPC EXPENSE REIMBURSEMENT FORM

IN SUBMITTING THIS CLAIM, THE CLAIMANT ENSURES COMPLIANCE WITH BOTH THE LETTER AND THE SPIRIT OF ALL LAWS AND REGULATIONS GOVERNING LEPCs. IT IS UNDERSTOOD THAT DISCOVERY OF NONCOMPLIANCE MAY RESULT IN WITHHOLDING OR RECOVERY OF FUNDS CLAIMED HEREON.

COUNTY LEPC	DATE SUBMITTED	PERIOD COVERED IN CLAIM		<i>Match will be completed by WOHS</i>
		FROM	TO	
VENDOR/DESCRIPTION OF EXPENSE	AMOUNT	TOTAL	MATCH	
TOTAL AMOUNTS EXPENDED BY COUNTY		\$ -	\$ -	
FEDERAL SHARE 80% (or 90% w/ in-kind match)*				

All expenses claimed hereon result directly from HMEP allowable LEPC activities.

*Submit LEPC meeting minutes for in-kind match.

Signature, LEPC Chairman

Date