



**WYOMING OFFICE OF HOMELAND SECURITY  
2013 SHSP/LETPA/CCP Reimbursement Request**

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

- 1. Cumulative Previous Request \_\_\_\_\_ (Total of all previous requests)
- 2. Total Amount of this Request \_\_\_\_\_ (Amount requested on this drawdown)
- 3. Cash Balance on Hand as of Today \_\_\_\_\_ (Cash amount remaining from previous requests)

**Please apply this expenditure to the following State Initiative:**

- 1. WYOLINK Interoperability Initiative \$ \_\_\_\_\_
- 2. Community Resilience \$ \_\_\_\_\_
- 3. Regional Emergency Response Teams (RERT) \$ \_\_\_\_\_
- 4. Improvised Explosive Device (IED) Protection and Response \$ \_\_\_\_\_
- 5. Information Sharing Across Critical Infrastructure Sectors \$ \_\_\_\_\_
- 6. School Safety and Security \$ \_\_\_\_\_
- 7. Cyber Security \$ \_\_\_\_\_
- 8. Mass Casualty - Victim Care \$ \_\_\_\_\_

**PLEASE ATTACH EXPENSE CLAIM FORM LISTING ALL EXPENDITURES.**

I certify to the best of my ability that all purchases are for the purpose of the grant and are allowable as defined in the Program Guidance. All expenses listed on the Expense Claim form have been paid/and or ordered and the appropriate invoice/purchase order is included with this request. In addition, all 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: \_\_\_\_\_

**WOHS Use Only:**

**Reimbursement request is:**

Approved: \_\_\_\_\_ Modified to: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Received: \_\_\_\_\_ Drawdown Number: \_\_\_\_\_

Remaining Balance \_\_\_\_\_

Verified by: \_\_\_\_\_

Total drawdown requested: \_\_\_\_\_

Approved by: \_\_\_\_\_ Program Manager \_\_\_\_\_ Date \_\_\_\_\_



**Submit Original Signed Copy**