



**MATTHEW H. MEAD**  
Governor

THE STATE OF WYOMING

## Office of Homeland Security

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5500 Bishop Boulevard, Cheyenne, Wyoming 82002

### TRAINING REIMBURSEMENT CERTIFICATION

I hereby certify all training documents attached are true and correct. By submittal of this document I am requesting reimbursement for training that was conducted during the time frame April 1, 2016 through March 31, 2017 in \_\_\_\_\_ County.

Date: \_\_\_\_\_

Signature of sheriff: \_\_\_\_\_

Printed name of sheriff: \_\_\_\_\_

Contact name and phone # of preparer: \_\_\_\_\_