



Mississippi Department of Public Safety



Office of Homeland Security

Request for Reimbursement

Sub-recipient: _____ Award Amount: _____

Agreement #: _____ Is this the Final Request: ___ Yes ___ No

<u>Date:</u>	<u>List Of Invoices Attached with brief Description</u>	<u>Amount</u>
Total Requested:		

This form was prepared by: _____ Phone: _____
Name (Please Print)

Sub-grantee Certification: I hereby certify that the costs incurred are taken from the books of account and that such costs are valid and consistent with the terms of the grant and all original backup documentation is maintained. I also certify none of the vendors used in purchasing these items were on the Federal Excluded Parties Listing prior to purchase and that all purchases were made in accordance with our procurement code. I also certify that this agency is in compliance with the OMB A-133 Single Audit.

Name: _____ Title: _____
Authorizing Person (Please Print)

Signature: _____ Date: _____
Authorized Signature (Original Signature Required)

MOHS Use Only: Program Code: _____

MOHS Use Only: MOHS Grant Manager Approval: _____

Mail Request to:

Mississippi Office of Homeland Security
PO Box 958 Jackson, MS 39205