

## REQUEST FOR REIMBURSEMENT

GTS Number: (State Use Only)	Grant or Other Identifying Number	Partial Payment Request Number for this Request
CFS Number: (State Use Only)		

Employer Identification Number	Recipient's Account Number or Identifying Number	PERIOD COVERED BY THIS REQUEST	
		From (MM,DD,YYYY)	To (MM,DD,YYYY)

Recipient Organization	Payee (If Different than Recipient Organization)
Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

### COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED

PROGRAM/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of Date)				
b. Grant \$ previously requested				
c. Grant \$ now requested (Line "a" minus line "b")				

Has equipment meeting FEMA resource definitions, as established in the Resource Directory Database (Rddb) been entered?  YES  NO

Attach a copy of the relevant resource report by creation date

### CERTIFICATION

I certify that, to the best of my knowledge and belief, the data on this sheet is correct and that all outlays were in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	Signature of Authorized Certifying Official	Date Request Submitted
	Typed or Printed Name and Title	Phone (Area Code, Num, Ext)

### FOR STATE AGENCIES ONLY

LINE NO.	FY	FUND	AGENCY	ORGANIZATION	APU	OBJECT CODE	REPORTING CATEGORY
1							
2							
3							

OHSP Liaison Approval:

Date: