GRANT REIMBURSEMENT FORM

DATE: _____

PERIOD OF REIMBURSEMENT: _____ to _____

JURISDICTION INFO

Jurisdiction: _____ Address: _____

_____

Contact: _____

Phone: _____ E-mail: _____

EXPENDITURE INFORMATION

DATE	DESCRIPTION	QTY	COST	TOTAL
	TOTAL		$	

**Copies of paid invoices and cancelled checks must be submitted with reimbursement form.

_____ _____

Signature Date

By signing, I certify that, to the best of my knowledge, the information I have provided on this form is accurate and true.

_____

Printed Name

Please submit form to: Attn: Marta DeBarbieris
LA State Uniform Construction Code Council
7979 Independence Blvd, Suite 106
Baton Rouge, La 70806

**Please note that a jurisdiction may file reimbursement forms at anytime to DPS, and DPS will file quarterly with FEMA/GOHSEP.