A close up of a sign

Description automatically generated Request No:

Fund Obligated Purchase Order No:

TO: Hawaii Department of Defense

Office of Homeland Security

SUBJECT: Request for Reimbursement

GRANT NUMBER: Choose an item.

FUNDING CATEGORY: Choose an item.

Request reimbursement based on the purchase order number provided by Hawaii Department of Defense, Office of Homeland Security under the Homeland Security Grant Program. The reimbursement supports the activities related to the fund obligation. An environmental review has been conducted or an environmental review approval is attached. The vendor(s) is/are actively compliant in the Systems for Award Management (SAM). The vendor(s) is/are not debarred or suspended from doing business under the federal grant program in accordance with SAM.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fund Obligation Reimbursement Summary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Inv**  **No** | | **Strategy**  **No** | | | | | **Investment No** | | | | | | | | **Project**  **Title** | | | | | | | **Program** | | | | | | **Description** | | | **Amount** | | | |
|  | |  | | | | |  | | | | | | | |  | | | | | | | Choose an item. | | | | | |  | | |  | | | |
|  | |  | | | | |  | | | | | | | |  | | | | | | | Choose an item. | | | | | |  | | |  | | | |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Journal Voucher (Applies only to State Agencies)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach the Bill for Collection form with the reimbursement request and enter the Journal Voucher codes below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fund** | | | | | | **YR** | | | | | **APP** | | | | | | **Dept** | | | **Source Code** | | | | | | **Cost Center** | | | | **Activity** | | **Transaction Code** | | |
|  | | | | | |  | | | | |  | | | | | |  | | |  | | | | | |  | | | |  | |  | | |
| **Remit to (reimbursement be made payable to)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address 1:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address 2:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City / State** | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Zip Code:** | | | | | | | |
| **Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Print Name and Title:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Request Date:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| I certify to the best of my knowledge and belief the data are correct and that all outlays were made in accordance with the Notice of Funding Opportunity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For OHS Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Goods/Svcs Rec’d in**  **Satisfactory Condition:** | | | | | | | | | | | | |  | | | | | | | | |  |  | Verified vendors are not debarred or suspended from doing business under the federal grant program in accordance to the System for Awards Management (SAM) | | | | | | | | |  |
| **Date Goods/ Svcs Rec’d:** | | | | | | | | | | | | |  | | | | | | | | |  |
|  | **Date Invoice Rec’d:** | | | | | | | | | | | | |  | | | | | | | | |  |  | **Signature:** | | | |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | **Date:** | | | |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | |  |  |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **GRANT#** | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | **S** | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | **YR** | | | | | |  | | | **APP** | | |  | | **CC** |  | | **ACT** | |  |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |