Invoice Submission No:

TO: Hawaii Department of Law Enforcement

 Office of Homeland Security (OHS)

SUBJECT: Request for Reimbursement

GRANT NUMBER: Choose an item.

FUNDING CATEGORY: Choose an item.

Request draw down for reimbursement under the Homeland Security Grant Program. An environmental review has been conducted. 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.

|  |
| --- |
| **Reimbursement Summary** |
| **Inv** **No** | **Strategy****No** | **Investment No** | **Project** **Title** | **Program** | **Description** | **Amount** |
|      |       |       |       | Choose an item. |       |       |
|     |       |       |       | 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 Grant Notice of Funding Opportunity. |
| **For OHS Use Only** |
|  |  |  |  |  |
|  | **Department of Law Enforcement** |  | Verified vendors are not debarred or suspended from doing business under the federal grant program in accordance to the System for Awards Management (SAM) |  |
| **P.O. NO.** |  |  |  |
|  | **Date Goods Rec’d** |  |  |  |  | **Signature:** |  |  |  |
|  | **Date Inv. Rec’d** |  |  |  |  |  |  |
|  | **P.O. Compl** |  | **Incompl**  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Date:** |  |  |  |
|  | I certify the satisfactory receipt of goods and services |  |  |  |
|  | **Signature** |  |  |
|  |
|  | **GRANT#** |  |  |
|  | **S** |  |  |
|  |  | **YR** |  | **APP** |  | **CC** |  | **ACT** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |