

How to Fill Out Your Reimbursement Form

By submitting your request for reimbursement, you are stating that the services have been received and/or are completed, and that you are satisfied.

This provided reimbursement form is designed to capture the information we need while making the process simple for you to complete to get your reimbursement funding.

Please note you can only submit five (5) invoices per reimbursement. When attaching procurement information and proof of payment these reimbursements can get very large and complex.

Your responsibility is in the highlighted areas of the form. See example below.



Boxes contain drop down boxes



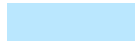
Boxes are where you enter the vendor and the request amount of funding



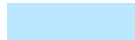
Reimbursement Number: This is a drop-down box. Please keep your reimbursements in numerical order (1, 2, 3...) This helps us catch if we have not received or overlooked a reimbursement when they are out of order.



AEL and Short Description: This was provided in your application and is customized for your FY24 grant funding. You are limited to only receiving grant funds for items in these categories. Select the appropriate category for the invoice(s) being reimbursed for this payment request. AEL numbers should be listed on your approved IJ in the Target Hardening section. Do not submit unapproved AEL's or unapproved activities in your reimbursement.



Vendor: Put the name of the vendor in this section.



Requested Funds: If the amount is different from the invoice please explain in the email the reason for this difference. Maybe you didn't have enough funds near the end of the project and your non-profit is covering the remaining amount. Maybe the vendor provided extra services not covered by the FY24 Non-Profit Security Grant.



Submitted by: This has not been populated with information. You will print your name, sign and date.

