

EMPG-S COVID19 EXAMPLE REQUEST FOR REIMBURSEMENT

Date: Date the form is filled out.
 Invoice Period: Begin and end date of which the funds were obligated.

County Invoice No.: County Initials, FY, Quarter. (i.e. AK20Q1), if billing monthly, add a letter. (i.e. AN20Q1A, AN20Q1B etc.).
 All other entities, please use an invoice number that is a unique identifier. Please do not use 1, 2, 3 etc.

EMPG-S COVID19 REQUEST FOR REIMBURSEMENT

Pay to: (issue check payable to)
Maine Emergency Management Agency
45 Commerce Drive, Suite 2
Augusta, ME 04333

Date:	11/29/2020
Invoice Period:	1/27/2020-10/1/2020
Invoice Number:	AK20Q1
Final Invoice? (Y/N)	N
Reimbursement Amount:	\$ 1,647.50

Grant Fiscal Year:	EMPG-S FY	20
Subrecipient Allocated Amount:	\$	143,000.00
Contract Period:	10/1/2020-9/30/2021	
Contract Number:	CT20200819*0545	
Vendor Code:	VCXXXXXX	

The information to enter in this section is located at the top of the Grant Contract.

Proof of payment, including receipts, must be attached in the order of expense categories listed below
 Yellow fields are for subrecipient entry

Please enter Expense Categories in groups and attach back up in the same order.

Expense category (drop-down field):	Direct Expense	In-kind total	Hard Match total	Vendor or Employee Name	Notes:
Salary (including benefits)	\$ 1,000.00	\$ -	\$ -	John Doe	
Salary (including benefits)	\$ 2,000.00	\$ -	\$ -	Jane Doe	
Travel (Lodging, meals, tolls, mileage, gas)	\$ 60.00	\$ -	\$ -	Jane Doe	
Supplies (i.e pens, paper, EMA shirts, tables, chairs)	\$ 60.00	\$ -	\$ -	Jill's Tent Service	Rented a tent for COVID19 purposes - justification attached.
In-kind Match ("In-kind Request for Reimbursement Report" must be attached)	\$ -	\$ 25.00	\$ -		Volunteer(s). In-kind Request for Reimbursement Report attached.
In-kind Match ("In-kind Request for Reimbursement Report" must be attached)	\$ -	\$ 100.00	\$ -		Donation(s). In-kind Request for Reimbursement Report attached.
	\$ -	\$ 50.00	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
Subtotals (Cover Sheets 1-6):	\$ 3,120.00	\$ 175.00	\$ -		
Reimbursement subtotals (Cover Sheets 1-6):	\$ 1,560.00	\$ 175.00	\$ -		

The In-Kind Request for Reimbursement Report must be filled out and attached as back up for all in-kind match.

Forms that may be required as back up are located at:
<https://www.maine.gov/mema/grants/emergency-management-grant-program>

Required back up forms are located at this web address under the Forms section.

I hereby certify the expenses and coinciding proof of payment documents contained herein, were not previously requested for reimbursement, are true and accurate and are supported by prior approval or are within the approved Subrecipient Application. It is understood that failure to receive prior approval or billing for unallowable charges may result in non-payment or recovery of funds; and By submitting this request for reimbursement, I certify that the typed name, electronic signature or digital signature (a) is intended to have the same force as a manual signature (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, (e) is linked to data in such a manner that it is invalidated if the data are changed. (10 M.R.S.A. §9502 et seq.).

Subrecipient signature: Maria L. Hobbs

 Typed Name and title: EMPG Program Manager

Date: 11/19/2020

The Subrecipients typed "signature" has the same force as a manual signature.