

NSGP Request for Reimbursement Form Instructions

Please fill out and sign the current Request for Reimbursement Form for every reimbursement package submitted to MEMA. This form should be the **cover page** with expenses listed in order of the attached proof of payment. Items in **Red*** are required; items in **Blue** are optional and not applicable to all programs.



Request for Reimbursement Form

Issue Check Payable To:

Name 1	VC Vendor Code 3	Date 7
Address 2	CT 15A Contract 4	Service From: 8
City, State, Zip	Grant Program EMPG 5	Service To:
	Grant Year F2023 6	Invoice # 9
	Reimbursement Total	\$ 0.00 10

Proof of payment, including receipts, must be attached in the order of the expenses listed below.

	Description 11	Activity 12	Program 13	Project 14	In Kind 15	Match 16	Hard Match	Expense 17	Page # 18	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
	Subtotal						\$ 0.00	\$ 0.00	\$ 0.00	
	Total Reimbursement							\$ 0.00		

I hereby certify the expenses and coinciding proof of payment documents contained herein, were not previously requested for reimbursement, are true and accurate and have been paid in accordance with approved policies consistent with 2CFR PT. 200

Subrecipient Signature **19** _____ Date _____

Subrecipient Name and Title _____

- *NAME:** Use the name associated with your vendor code.
- *ADDRESS:** Ensure the address is current and accurate.
- *VENDOR CODE:** Ensure it is accurate and matches the NAME and ADDRESS.
- *CONTRACT:** Ensure accurate contract # is used for expenses being reimbursed.
- *GRANT PROGRAM:** Select the grant program from the drop-down list.
- *GRANT YEAR:** Select the grant program period from the drop-down list.
- *DATE:** Enter the current date.
- SERVICE DATES:** If applicable, enter the start and end date of the service period.
- *INVOICE:** Enter a unique invoice number for this request.
- TOTAL:** Total will be auto calculated based on the entered expenses.
- *DESCRIPTION:** A descriptive name is required for each expense.
- ACTIVITY:** Leave Blank; Not applicable to NSGP Reimbursements.
- PROGRAM:** Leave Blank; Not applicable to NSGP Reimbursements.
- PROJECT:** If applicable, enter the project name or number for each expense.
- IN-KIND MATCH:** Leave Blank; Not applicable to NSGP Reimbursements.
- HARD MATCH:** Leave Blank; Not applicable to NSGP Reimbursements.
- *EXPENSE:** An amount is required for each expense.
- PAGE:** Document the pdf page number of the attached supporting documentation for each expense.
- *SIGNATURE, TITLE, DATE:** Please sign and date the form certifying accuracy.
- *The complete reimbursement package should be saved as a PDF, with a descriptive name, and limited to 100 pages, and submitted to the MEMA program manager.**