*Arkansas Division of Emergency Management*

# Homeland Security Grant Program

## Jurisdiction Reimbursement Request

E-mail JRR form with supporting documents to:
HSGP@ADEM.Arkanas.Gov

| | |
|---|---|
| Sub-recipient Name: | |
| HSGP Year and Project Name: | |
| Vendor Name: | |
| Amount of Reimbursement Request | $ |

☐ **Added to Inventory** ☐ **Invoice / Receipt attached** ☐ **Proof of payment attached**

**Budget line #**

**List specific items purchased.**

Submitted By: Date:

### ADEM OFFICIAL USE ONLY

ADEM Staff:

Date Received: