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** | |  | |  | | | | | | | | |
|  |  | | | |  | | |  | | | |  | | | | |  |  | |  | | |  | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |