



Arkansas Department of Emergency Management Homeland Security Grant Program Jurisdiction Reimbursement Request

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

Jurisdiction Name:

HSGP Year and Discipline:

Vendor Name:

Amount of Reimbursement Request \$

100% Reimbursement

PO / 80% Reimbursement Request

PO / Final Invoice – Balance

Added to Inventory

Invoice / Receipt attached

Proof of payment attached

*List budget line #

PO #

Is this a Law Enforcement Terrorism Prevention Activity?

Yes

No

*List specific items purchased.

Submitted By:

Date:

***Required fields – JRR's will be returned if this information is not provided.**

ADEM OFFICIAL USE ONLY

ADEM Staff Received:

Date Received: