



# Arkansas Division of Emergency Management Homeland Security Grant Program Jurisdiction Reimbursement Request

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

Date Received: