



## Department of Public Safety FY24 Equipment Grant Sub Grantee Invoice Reporting Form



<b>GRANT #:</b>		<b>AWARD PERIOD:</b>	2023-2024
<b>EIN (Tax ID #):</b>		<b>AWARD AMOUNT:</b>	\$ -

<b>Request Period:</b>	
<b>Project:</b>	

<b>Sub grantee Name:</b>		<b>Telephone #:</b>	
<b>Mailing Address:</b>			
	# Street Address	City	State Zip

Budget Categories	Qty.	Price	APPROVED BUDGET	REVISED BUDGET	Previous Expenditures	Expenditures This Period	Total Expenditures	Remaining Budget
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<b>Total</b>			-					-

**Comments:**

On behalf of the sub grantee listed above, I certify that the items for which payment is claimed were furnished under the authority of the law and in accordance with the terms of our grant with the Department of Public Safety, and that the charges are responsible and proper.

<b>Signature of Sub grantee:</b>	<b>Date:</b>
<b>Title:</b>	
<b>Contact Person:</b>	<b>Contact Phone:</b>

DEPARTMENT OF PUBLIC SAFETY (DPS) USE ONLY			
<b>REVIEWED BY:</b>		<b>DATE:</b>	

Email to: [dps.rpgrants@asp.arkansas.gov](mailto:dps.rpgrants@asp.arkansas.gov)