Print Form

Form 106
Reimbursement Request

Sub-recipient:		Date:
Point of Contact:	Federal Employer ID No. (FEIN):	
Address:	State & Zip:	Phone:
Grant Award No.:		
Fiscal Point of Contact:		Phone:

Check One:	FY 2011 ☐	FY 2012 ☐	FY 2013 ☐	FY 2014 ☐

Solution Area:	Grant Award Total:	Previously Reported:	Current Request:	Balance to Finish:
Planning				
Organization				
Equipment				
Training				
Exercise				
Totals:				

	PAYMENT REQUEST AMOUNT
Authorized Agency Official (Please Print)	(Should equal total current request)
Signature (Please Sign in Blue Ink)	$

I, the above signed, hereby certify that this request for reimbursement is in full accordance with the approved project budget, as approved by the Rhode Island Emergency Management Agency.

PLEASE ATTACH COPIES OF BACKUP DOCUMENTS, RECEIPTS, INVOICES, ETC. TO THIS FORM

State Agency Use Only: RIFANS Acct. #	Legacy Account #

RIEMA USE ONLY	
Grant Reimbursement Processing Checklist:	Grant Manager Approval:
☐ Fiscal reports up to date and accurate	○ - Final Payment ○ - Partial Payment
☐ Progress reports up to date	
☐ Expenditures detailed satisfactorily	Vendor ID #:
☐ Backup documentation	DATE SENT TO FISCAL:
☐ Inventory Form Submitted	

Revised 11/2013