

# Reimbursement Form

|   |               |                        |          |              |            |
|---|---------------|------------------------|----------|--------------|------------|
| Requesting Jurisdiction                     |               | Assisting Jurisdiction |          | Mission Type |            |
| Start Date                                  |               | End Date               |          | Billing Code |            |
| Mission/Event Name                          |               |                        |          |              |            |
| <b>Expenses Breakout</b>                    |               |                        |          |              |            |
| <b>Personnel</b>                            |               |                        |          |              |            |
| Resource Name                               | Cost Per Hour | Hours                  | Comments |              | Total Cost |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
| <b>Manpower Total Cost</b>                  |               |                        |          |              |            |
| <b>Equipment/Vehicles</b>                   |               |                        |          |              |            |
| Resource Description                        | Cost Per Hour | Hours                  | Fuel     | Comments     | Total Cost |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
| <b>Vehicles Total Cost</b>                  |               |                        |          |              |            |
| <b>Other Expenses</b>                       |               |                        |          |              |            |
| Description                                 | Comments      |                        |          |              | Total Cost |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
|   |               |                        |          |              |            |
| <b>Other Expenses Total Cost</b>            |               |                        |          |              |            |
| <b>Total Cost</b>                           |               |                        |          |              |            |
| <b>Reimbursement Address and Contact</b>    |               |                        |          |              |            |
| Assisting Jurisdiction Authorized Signature |               | Printed Name           |          |              | Date       |

The authorized official of the assisting jurisdiction certifies the totals for each category are exact costs expended by the assisting jurisdiction to perform the services requested in the Req-A. All additional supporting documentation not included with this claim will be maintained by the assisting jurisdiction for a period of 3 years following the above date and may be obtained for audit purposes by notifying the authorized official.