



Douglas A. Ducey  
GOVERNOR

**STATE OF ARIZONA  
DEPARTMENT OF EMERGENCY AND  
MILITARY AFFAIRS**

**Arizona Division of Emergency Management  
Grant Administration Office**  
[grants@azdema.gov](mailto:grants@azdema.gov)



Major General Kerry L. Muehlenbeck  
THE ADJUTANT GENERAL

**Reimbursement Request Form  
State Homeland Security Grant Program (SHSGP)**

This form is to be utilized to request reimbursement for training and exercise costs that were **pre-approved** for reimbursement from SHSGP funds. Upon completion of the event, the following documentation is required based upon the items that were pre-approved.

**Required Documentation**

**1. DEMA-EM Reimbursement Request Form**

- 1.1. Each section must be completed.
- 1.2. The form must include all signatures prior to submitting it to DEMA-EM.

**2. Event Documentation**

- 2.1. Event announcement, bulletin, or agenda

**3. Travel**

- 3.1. Itemized Meal receipts
  - 3.1.1. Exception - individual meal receipts are not required if per diem was paid by the agency.
- 3.2. Mileage
  - 3.2.1. MapQuest or Google Maps printout for Mileage Reimbursement
  - 3.2.2. Fuel is NOT a reimbursable expense
- 3.3. Lodging
  - 3.3.1. Hotel bills showing a zero (0.00) balance
- 3.4. State of Arizona Accounting Manual (SAAM) travel information can be found here <https://gao.az.gov/travel/welcome-gao-travel>.
- 3.5. All travel reimbursements will be calculated at the current State of Arizona reimbursement rates for the county in which the expense occurred. Current rates can be viewed here [https://gao.az.gov/publications/saam Section 50](https://gao.az.gov/publications/saam%20Section%2050).
- 3.6. Any exceptions to exceed state rates or reimbursement of expenses must have been pre-coordinated with DEMA-EM at least 30-days prior to the event.
- 3.7. Please contact the DEMA Grants Administration with questions concerning allowable rates, [grants@azdema.gov](mailto:grants@azdema.gov).

**4. Refreshments**

- 4.1. A copy of the signed roster for the event must be included if requesting reimbursement of refreshments provided for an event.
- 4.2. Itemized invoice or receipts

**5. Payment Information**

- 5.1. All payments need to show dollar amount, payee, date
- 5.2. Credit Cards Statements
  - 5.2.1. A copy of the credit card statement showing the charges.
  - 5.2.2. Proof that your entity (city, county etc.) has paid the charges on the card statement
  - 5.2.3. Acceptable proof:
    - 5.2.3.1. Screenshot of your payment
    - 5.2.3.2. Copy of the check
    - 5.2.3.3. Copy of the main page of the credit card statement with the following month's statement
    - 5.2.3.4. Copy of check sent to employee for advanced expenses
      - 5.2.3.4.1. If the employee was paid by direct deposit, a screenshot or payroll report showing the payment

**6. Submit Completed Request To:** Address above or email [grants@azdema.gov](mailto:grants@azdema.gov)



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**SHSGP Reimbursement Request Form**

<b>1. Requestor Information</b>			
Request Date:		Pre-approval #:	Requested Amount:
Requester Name:		Agency:	
Office Phone:	Cell:	Email:	
Address:		City:	Zip:
<b>2. Event Information</b>			
Event Number and/or Name:			
Event Date(s):		Event Location:	
<b>3. Expense Itemization</b>			
<b>Item</b>	<b>Amount</b>	<b>Documentation Included</b>	<b>Notes</b>
Mileage			
Lodging			
Meals			
Airfare			
Car Rental			
Registration			
Materials			
Contractor Fees			
Other			
Other			
<b>4. Requester Agreement</b>			
By signing below, I acknowledge that I have read, understand, and agree to the following:			
1. I have reviewed this request, the accompanying documentation, and it abides by the pre-approved expenses.			
2. I understand that all travel reimbursements will be adjusted if necessary to abide by the SAAM Travel Policy <a href="https://gao.az.gov/publications/saam Section 50">https://gao.az.gov/publications/saam Section 50</a> .			
3. I understand that incomplete reimbursement requests will not be processed and will be returned.			
4. This request has been submitted to DEMA-EM within 30-days following the conclusion of the event or I have made alternate arrangements with DEMA-EM.			
5. I have reviewed this request and have the above-named agency's full authority to submit this request.			
<b>Printed Name:</b>	<b>Signature:</b>		<b>Date:</b>
<b>5. County Emergency Manager Review (if different than requester)</b>			
By signing below, I acknowledge that I have reviewed and concur with this request.			
<b>Printed Name:</b>	<b>Signature:</b>		<b>Date:</b>