



STATE OF ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

Arizona Division of Emergency Management
Training Branch
(602) 464-6225
training@azdema.gov

Reimbursement Request Form

State Homeland Security Grant Program (SHSGP)

This form is 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.

All travel reimbursements will be calculated based on the [State of Arizona Accounting Manual \(SAAM\)](#) policies and reimbursement rates. Reimbursement rates for the jurisdiction in which the expense occurred. Travel reimbursement rates are found under Topic 50 of the SAAM.

Forms received without both the requesting agency signature and the county emergency manager signature will be returned.

Required Documentation Checklist

DEMA/EM Reimbursement Request Form

Requester Signature

County Emergency Manager Signature

Event Documentation

Event announcement, bulletin, or agenda

Travel

Mileage map

Registration fee invoice or receipt

Airfare receipt(s)

Baggage receipt(s)

Rideshare receipt(s)

Hotel folio showing a zero (0.00) balance

Itemized meal receipt(s)

Refreshments

Copy of signed participant roster for your agency's hosted event

Itemized invoice or receipt(s)

Payment Information (All payments must show dollar amount, payee, and date.)

Copy of the credit card statement with the charges(s) highlighted

Screenshot of your payment of the credit card statement or a copy of the check

Copy of the check for expenses

Copy of the check or payroll report for payment to the traveler for advances

Email completed Reimbursement Request Form and backup documentation to training@azdema.gov.



STATE OF ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

Arizona Division of Emergency Management
Training Branch
(602) 464-6225
training@azdema.gov

Reimbursement Request Form

RCVD:

State Homeland Security Grant Program (SHSGP)

1. Requesting Agency			
Request Date:	Pre-Approval #:	Requested Amount:	
Requesting Agency:		Arizona Procurement Portal ID#:	
Finance POC:	Phone:	Email:	
2. Event Information			
Event Number and/or Event Name:			
Event Location:		Even Dates:	
3. Expense Itemization			
Item	Amount	Documentation Included	Notes
Mileage			
Airfare			
Meals			
Reimbursed at 100% of allowable SAAM rates without an overnight stay. Departure days with an overnight stay , reimbursement is at 75% of allowable SAAM rates. Allowable tipping amount is 15%.			
Meals - 100%			
Meals - 75%			
Registration Fee			
Baggage			
Lodging			
4. Requesting Agency Agreement			
By signing below, I acknowledge that I have the above named agency's full authority to submit this request. Furthermore, I acknowledge that I have read, understand, and agree to the following:			
<ol style="list-style-type: none"> 1) I have reviewed this request, the accompanying documentation, and it abides by the pre-approval authorization. 2) I understand that final reimbursement will abide by the SAAM travel policy and reimbursement rates and adjustments may be made to my original submission amount. 3) I am submitting this request to the County Emergency Manager for approval within thirty (30) days following the conclusion of the event. 4) I am submitting this request to DEMA/EM for processing within forty-five (45) days following the conclusion of the event. 			
5. County Emergency Manager Review			
By signing below, I acknowledge that I have reviewed and concur with this request being reimbursed through the county's SHSGP funding.			
Signature:		Date:	

Submit completed request and backup documentation to training@azdema.gov.