

ALDHS Invoice Reimbursement Claim

Grant No. _____

To: Alabama Department of Homeland Security
Grant Management Office

From: Grantee: _____
Grantee's Address: _____

Contact Person: _____
Phone Number: _____

This claim covers expenditures for the period

Code	Description	Budget Balance Fwd From Last Claim	Total Expenses This Claim	Year to Date Expenses	New Budget Balance
I	Travel In State				
II	Travel Out of State				
III	Repairs and Maintenance				
IV	Rentals and Leases				
V	Utilities and Communication				
VI	Professional Services				
VII	Supplies & Operating Exp.				
VIII	Vehicle Operating Expense				
IX	Equipment				
	GRAND TOTAL				

% SHARE = _____

TOTAL REQUESTED

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<p>FOR ALDHS ACCT USE ONLY State share _____ Federal share _____ Voucher # _____ Date _____</p>
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I certify that all invoices submitted with this claim have been paid and that the Federal/State share is due and unpaid.

(Signed) Authorized Grant Recipient

Sworn to and subscribed to me this _____ day of _____, 20_____

Notary Public