

Arizona Department of Homeland Security

Reimbursement Request Checklist

(This checklist is **not** required to be submitted to AZDOHS)

REIMBURSEMENT REQUEST FORM (Form must not be altered, handwritten, or contain correction tape/white-out)

Reporting Period Dates:

Reporting Period From = Date cannot be prior to the beginning of the period of performance

Reporting Period to = Date cannot be after the end of the period of performance

Current Period - Enter amount you are seeking on this reimbursement

Year-to-Date - Enter total amount reimbursed to date (which includes any AZDOHS reductions to previous reimbursements) PLUS the amount of this request

INVOICE COPY(IES) and/or SUPPORT DOCUMENTATION REQUIRED (Date of invoice must be within reporting period)

Planning/Personnel	Operation Stonegarden	Equipment	Training and Exercise	Travel	Final Reimbursement
<ul style="list-style-type: none"> Time and Effort Reports for all projects that include salary charges (not including overtime and backfill) Payroll records for personnel expenditures (including backfill, overtime and Employee Related Expenses) 	<ul style="list-style-type: none"> Daily Activity Reports Signed validation Forms Payroll Records for personnel expenditures (including backfill, overtime and Employee Related Expenses) 	<ul style="list-style-type: none"> Invoices only - Quotes not acceptable 	<ul style="list-style-type: none"> Attended: Agenda, duration, location Sponsored: <ul style="list-style-type: none"> Agenda, duration, location Number of participants Sign-in Roster HSEEP Exercise Summary/After Action Report 	<ul style="list-style-type: none"> Per diems, lodging, or other travel related expenditures must be in compliance with Arizona General Accounting Office Travel Policy rates (https://gao.az.gov/travel/welcome-gao-travel) Hotel receipt showing \$0 balance 	<ul style="list-style-type: none"> Must be submitted within 45 calendar days following the end of the Period of Performance Copy(ies) of Purchase Order(s) and Packing/Receiving Slip(s) may be requested after the period of performance but within the authorized 45 day period All expenses must be received and invoiced prior to the end of the Period of Performance

PROOF OF PAYMENT - Acceptable Types (if invoice paid by credit card, proof of payment of credit card is

- Copy of Cancelled Check(s)
- Electronic Funds Transfer (EFT) (Must include payee, date, amount paid and warrant or EFT number)
- Official Accounting Transaction Detail

OTHER

- Quarterly Programmatic Reports must be current in order to be reimbursed

TWO SIGNATURES REQUIRED (Cannot be the same person)

- Preparer
- Authorized Agency Official

ANY QUESTIONS? Please call us at 602-542-7013