

WESTERN REGIONAL HOMELAND SECURITY ADVISORY COUNCIL
Training and Exercise Reimbursement Request

Name of Training/Exercise: _____

Payee Name: _____

Mailing Address: _____

Note: Taxes are not eligible for reimbursement

EXPENSE CATEGORY	DESCRIPTION	TOTAL
Advertisement		
Supplies/Material		
Room Costs		
Food - detailed agenda and sign-in sheets must be included		
Other		
TOTAL REIMBURSEMENT REQUEST		-

I certify that I am the department/district/agency highest ranking official and/or Chief Financial Officer for the municipality/district/agency referenced above. I certify and attest to the truth and accuracy of the information provided on this form and hold harmless the WRHSAC fiduciary against error and/or fraud. I understand that payment will be made from the Metropolitan Area Planning Council 60 days after receipt of this signed form and all backup documentation.

 Authorized signature

 Title

 Printed Name

 Date

 Phone/Email

Please return reimbursement request with receipts attached to:
 Homeland Security Fiscal Manager
 Franklin Regional Council of Governments
 12 Olive St., Suite 2
 Greenfield, Massachusetts 01301-3318

FRCOG USE ONLY	
Date:	
Acct #:	
Approved Amt.:	
Approved By:	
Description:	