**Department of Public Safety**
**Division of Homeland Security and Emergency Management**
**Public Assistance Program**

# REQUEST FOR REIMBURSEMENT OF EXPENDED FUNDS FORM

**(Use to Reimburse Applicants for Previous Expenditures on Large Projects)**

Disaster Declaration #:_____ Declaration Date: _____ Date of Request: _____

Sub-grantee: _____ Project Application #: _____

| PW # | Total Approved Amount on PW | Total Amount Spent To Date | Total Amount Previously Advanced | Total Amount Now Being Requested | % of Work Completed To Date | Approved Amount Federal Share (State Use) | Remarks (State Use) |
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Reminder: Please include all invoices and proof of payments along with this form.