State and Local Cybersecurity Grant Program (SLCGP) Reimbursement Form

Montana Disaster and Emergency Services

Project Name:	**Total Award Amount:**
Award Number:	**Contact Name:**
Awardee Organization:	**Contact Phone:**

Date of Submission:	

Expenditure Description	Vendor	Invoice Date	Invoice Total	Reimbursement Requested
		Total Reimbursement Requested		

Supporting Documentation must be submitted with Reimbursement Form.   Please provide an invoice (includes the vendor name/address, invoice #, date of invoice, item description, and invoice total) and proof of payment (cleared check of general ledger from your organization's accounting system).

Authorized Representative	
Signature:	
Title:	

Email complete form and documents to MTDESGrants@mt.gov.

FOR INTERNAL USE				NOTES:
Account #		**SFY**		
DOC #		**SUBCLASS**		
CSD APPROVAL		**Vendor ID**		
AMOUNT		**PROJECT CODE**		
FUND		**PROGRAM**		
ORG		**APPROVAL**		