

REIMBURSEMENT REQUEST FOR LARGE PROJECT EXPENDITURES

Mail Reimbursement Request to:
 California Governor's Office of Emergency Services
 Grant Processing Unit
 3650 Schriever Avenue
 Mather, California 95655

SUBGRANTEE: _____

Cal OES ID#: _____

Please mark this box to indicate a change in the Authorized Agent Mailing Address below

Large Project Expenditures			
PW/Project #	Expenditure Period		CUMULATIVE EXPENDITURES TO DATE
	From	To	
TOTAL			

Under penalty of perjury, I certify that:

- I am the duly authorized agent of the claimant herein, as appointed by the Governing Body Resolution. (Cal OES 130)
- This claim is in all aspects true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.
- This claim is for costs incurred within the approved Grant Performance Period.

 Printed Name

 Phone No.

 Title

 E-Mail Address

 Mailing Address

 Fax No.

 City/State/Zip

 Signature

 Date