

INCIDENT MANAGEMENT EQUIPMENT PURCHASE 2020 CALL FOR PROJECTS



North Central Texas Council of Governments

Reimbursement Request Form

- 1. Agency Name:
- 2. Project Name:
- 3. NCTCOG Agreement Number (e.g., TRNxxxx)
- 4. Approved Award Amount:
- 5. Total Expenses Incurred: **US\$**
- 6. Total Reimbursement Amount Requested: **US\$**

- 7. **As outlined in Article 3 of the Interlocal Cooperative Agreement executed with NCTCOG, were any adjustments made to the scope of work?**
 No
 Yes (Selecting yes confirms that approval for scope changes was previously received, in writing, from the NCTCOG Project Manager, prior to LOCAL GOVERNMENT requesting reimbursement.)

8. Itemized Purchases
 As mentioned in Article 5.2 of the agreement, all Requests for Reimbursement(s) shall include the LOCAL GOVERNMENT's invoice on agency's letterhead with signature by Certifying Official identified in Article 5.3 of the agreement, proof of payment, applicable receipts, and other supporting documentation. NCTCOG may deem a Request for Reimbursement incomplete if the data and/or documentation are incomplete or improper, or if the LOCAL GOVERNMENT fails to submit necessary reports or provide other information requested by NCTCOG under the terms of this Agreement. NCTCOG may reject requests for reimbursements which fail to demonstrate that costs are eligible for reimbursement and/or which fail to conform to the requirements of this Agreement.

	Equipment/Technology Purchased	Quantity	Unit Price	Total Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SIGNATURE (Certifying Official): _____

All reimbursement requests shall be submitted within 30 days of purchase, to NCTCOG at the email address below:

Email: TRgrants@nctcog.org