

Texas Division of Emergency Management  
 Recovery, Mitigation and Standards  
 Texas Residential Safe Room Rebate Program  
**Request for Reimbursement Form**

Date: \_\_\_\_\_

To: State Coordinator for Mitigation  
 Texas Division of Emergency Management

From: \_\_\_\_\_(Name, Title, and Jurisdiction)

Subject: \_\_\_\_\_(DR-XXXX-Project-XXX)

This is a formal request for a reimbursement payment of funds on the following approved Texas Residential Safe Room Rebate Program project(s):

Project Number	Project Amount	Federal Share	Amount Expended
	\$	\$	\$

**Reimbursement Payments can be requested under the following conditions:**

Funds are needed to pay eligible costs incurred by program participants based upon received invoices and/or supporting documentation. Jurisdiction has made payments to the program participants included in this request. Additionally, all supporting documentation has been attached to this request.

These funds are needed to reimburse eligible cost of approved project scope of work paid by Jurisdiction based on received supporting documentation, which is described in the Texas Residential Safe Room Rebate Program handbook. Jurisdiction agrees that any part of this payment that is not expended within the scope of the project will be refunded to the Texas Division of Emergency Management **within 30 days** of receiving a de-obligation notice.

Jurisdiction: \_\_\_\_\_

Authorized Representative Name and Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_