STATE OF CALIFORNIA
CALIFORNIA GOVERNORS OFFICE OF EMERGENCY SERVICES
REIMBURSEMENT CLAIM SUPPORT DOCUMENT
OES-PSC-290A (Rev. 12-2025)

PUBLIC SAFETY COMMUNICATIONS

Public Agency: Claimant Name: Claim Month/Year:

I. - Duties Performed *(Please specify hours spent by this individual performing activities within an authorized task category per day)*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
A																																0
B																																0
C																																0
D																																0
E																																0
F																																0
G																																0

TASK ACTIVITY CATEGORIES *(as defined in the 9-1-1 Operations Manual, Chapter III, revised 2014)* **Total Hours** 0

A-9-1-1 County Coordinator - Coordination of ESN assignments for 9-1-1 call delivery - *Please list detail of activities by date on reverse side of this form.*

B -9-1-1 County Coordinator - Coordination of 9-1-1 related activities to PSAPs - *Please list detail of activities by date on reverse side of this form.*

C -9-1-1 County Coordinator - Coordination of 9-1-1 wireless related activities - *Please list detail of activities by date on reverse side of this form.*

D -9-1-1 County Coordinator - County Coordinator Task Force (CCTF) related activities - (pre-approval required) - *Please list detail of activities by date on reverse side of this form.*

E -Special meeting / projects / training - (pre-approval required)

F -Countywide PSAP Manager's meeting - (pre-approval required)

G -Annual Training Allotment (ATA) - (pre-approval required)

Total Hours: 0 x Hourly Rate: = 0

II. – Mileage *(Please identify total miles for day corresponding with above task activity category)* ***Attach a mapping document to support mileage.***

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
																															0

Total Miles: 0 X Mileage Rate: = 0

I declare under penalty of perjury that the time and mileage identified in the task activity categories noted above were performed as defined in the 9-1-1 Operations Manual, Chapter III, revision 2014.

RESPONSIBLE OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY	Name:	Title:
	Signature:	Date:
	Email:	Phone:

TASK ACTIVITY DETAIL

Please list the date, the number of hours, and a description of the tasks performed as listed on the front side of this form.

DATE	# HOURS	ACTIVITY DESCRIPTION

DATE	# HOURS	ACTIVITY DESCRIPTION

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