



## REIMBURSEMENT REQUEST FOR LARGE PROJECT EXPENDITURES

<b>DR/CDAА/FMAG #</b>
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*Mail Reimbursement Request to:*  
 Governor's Office of Emergency  
 Services Grants 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

<b>Large Project Expenditures</b>			
PW/Project #	Start of Expenditure Period	End of Expenditure Period	<b>CUMULATIVE EXPENDITURES TO DATE</b>
<b>TOTAL</b>			

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)
- By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).
- 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