

**WESTERN REGIONAL HOMELAND SECURITY ADVISORY COUNCIL  
Training and Exercise Reimbursement Request**

Name of Training/Exercise: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

*Note: Taxes are not eligible for reimbursement*

EXPENSE CATEGORY	DESCRIPTION	TOTAL
Advertisement		
Supplies/Material		
Room Costs		
Food - detailed agenda and sign-in sheets must be included		
Other		
<b>TOTAL REIMBURSEMENT REQUEST</b>		-

I certify that I am the department/district/agency highest ranking official and/or Chief Financial Officer for the municipality/district/agency referenced above. I certify and attest to the truth and accuracy of the information provided on this form and hold harmless the WRHSAC fiduciary against error and/or fraud. I understand that payment will be made from the Metropolitan Area Planning Council 60 days after receipt of this signed form and all backup documentation.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone/Email

*Please return reimbursement request with receipts attached to:*  
Homeland Security Fiscal Manager  
Franklin Regional Council of Governments  
12 Olive St., Suite 2  
Greenfield, Massachusetts 01301-3318

<b>FRCOG USE ONLY</b>	
Date:	
Acct #:	
Approved Amt.:	
Approved By:	
Description:	