



INCIDENT MANAGEMENT EQUIPMENT PURCHASE 2020 CALL FOR PROJECTS

North Central Texas Council of Governments

Reimbursement Request Form

1. Agency Name:

2. Project Name:

3. Total Reimbursement Amount Requested: US\$

4. As outlined in Article 3 of the Interlocal Cooperative Agreement executed with NCTCOG, were any adjustments made to the scope of work?

No

Yes (If yes, provide a written notice to the NCTCOG Project Manager outlining any adjustments made.)

5. Itemized Purchases

All Requests for Reimbursement shall include LOCAL GOVERNMENT invoice, 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				

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

North Central Texas Council of Governments
P.O. Box 5888
Arlington, Texas 76005-5888
Email: TRgrants@nctcog.org