Page

of

Kentucky Division of Emergency Management Local Emergency Management Assistance Claim Form

Claim Month:

EM Agency Name:

Address:

COMMODITIES OR SERVICES	Personnel Compensation & Benefits	All Other	Total	DATE OF WARRANT / EFT
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GROSS TOTAL AMOUNTS EXPENDED	: \$ -	\$-	\$ -	
50%	6 -	\$-	\$-]
REIMBURSABLE TOTAL	\$-	\$-	\$-]

I, the undersigned, declare under penalty of perjury that I have examined this document, including all supporting documents, and certify the commodities or services specified above to conform to the Master Agreement and to support emergency preparedness activities. All expenses listed were incurred by the county, duly authorized for payment by the fiscal court, payments were made by the county treasurer (warrant/EFT numbers listed), and to the best of my knowledge are true, correct, and complete.

Local Emergency Management Director

Date

County Treasurer or County Judge/Executive

KyEM: Form 160 Revised: 08/2016



Date