

**DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS - EMERGENCY MANAGEMENT
REQUEST FOR PAYMENT FORM - Federal Declaration** DR#

Applicant:

State PW #:

PW Name:

EMMIE PW #

This PW was obligated for \$

As of _____ (date), we have completed _____ % of the work for this project. **We are requesting reimbursement, of actual costs incurred to date, in the amount of \$_____.**

Instructions for the Applicant's Authorized Representative:

- For the PW specified above, please enter the requested information on the blank lines above.
- This form must be signed by the Applicant's Authorized Representative (AAR), or the Alternate AAR, that is on file with DEMA/EM.
- Please prepare all supporting documentation for your request. **This reimbursement is subject to the Validate As You Go (VAYGo) review. As such, you will be required to submit ALL supporting documentation to support your request for reimbursement, regardless of whether you have previously submitted the documentation.**
- ***Except for this completed form, DO NOT SEND ANY DOCUMENTS AT THIS TIME.*** Upon receipt of this form, you will be contacted by a Reimbursement Specialist who will help you through the process and work with you on identifying and submitting your required supporting documentation. Please be advised, you are required to maintain all documentation which will be reviewed later, upon project completion and/or Audit.
- Please email **Public.Assistance@azdema.gov** your completed Request for Reimbursement, or if you have any questions (or call 602-464-6499). You may also submit your completed request by mailing it to:

DEMA/EM Infrastructure & Grant Administration

Attn: Public Assistance Branch

5636 E. McDowell Road, Bldg. T5516

Phoenix, Arizona 85008

I hereby certify that all costs claimed hereon are eligible in accordance with A.R.S. 35-192, as amended, all work claimed is complete as shown, and costs are supported by documentation available for review in our office.

(Sign and date where indicated below)

Applicant's Authorized Representative

Alternate Applicant's Authorized Representative

Signature of Authorizing Representative

Date

Email Address

Phone Number

For DEMA/EM Use Only

Amount	Approved By:	Date
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For DEMA/EM Use Only

Received By: (initials/date)

Version 06-19-23