Planning/Exercise Reimbursement Worksheet
State Homeland Security Grant Part II

Please print all information (except signatures)

Name of School District/PSA:			
Address/City/State/Zip			
Name/Title of Authorized School Official (printed)			
TX	**FAX**	**EMAIL**	
Signature of Authorized School Official			**Date**

Quarter ☐ 1st (Jan 1 - Mar 31, 2004) ☐ 2nd (Apr 1 - Jun 30, 2004) ☐ 3rd (Jul 1 - Sep 30, 2004) ☐ 4th (Oct 1 - Dec 31, 2004)

Exercise Budget Category	Orientation/Planning Workshops	Table Top	Full Scale	Subtotal
Personnel (new hires - full or part time)				
Contractors/Consultants				
Overtime (for existing employees)				
Travel				
Supplies				
Other Items				
			Total Amount	

Please include all original receipts for reimbursement.

Name and building number of completed school building(s) included in this reimbursement request. (use additional sheet if needed)	
	Bldg No.
	Bldg No.
	Bldg No.
	Bldg No.
	Bldg No.
	Bldg No.
	Bldg No.
	Bldg No.