



Peace Officer  
Standards and Training

# Regional Training Grant EQUIPMENT REIMBURSEMENT REQUEST FORM

**Region/Provider Name:** \_\_\_\_\_

## EQUIPMENT COSTS

Vendor Name: \_\_\_\_\_

Product Name : \_\_\_\_\_

Item Cost (ea): \$ \_\_\_\_\_ Quantity Purchased: \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Product Name : \_\_\_\_\_

Item Cost (ea): \$ \_\_\_\_\_ Quantity Purchased: \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Product Name : \_\_\_\_\_

Item Cost (ea): \$ \_\_\_\_\_ Quantity Purchased: \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_

Other Costs (*Shipping, Freight*): \$ \_\_\_\_\_

Other:

**Total Equipment Reimbursement Requested: \$** \_\_\_\_\_

**Comments:**

**DOCUMENTATION TO INCLUDE WITH THE EQUIPMENT REIMBURSEMENT REQUEST**  
Proof of Costs- Itemized, paid vendor invoice (showing \$0.00 balance owed), dated receipts

**Incomplete requests will not be reviewed.**