



INVOICE
(Attachment B)

County E911 Service Board
Contact Person
Address
City, State, Zip
Phone
Federal ID # (required)

List of Invoices by Vendor	Total Amount of Invoice
Grand Total (all invoices)	

Attach the **original invoices** of expenses to support request for reimbursement.

- Eligible Costs:
- Initial hardware/software upgrades or additional equipment purchases needed to receive wireless E911 calls.
 - A percentage of future equipment purchase expenses, where the equipment purchased is utilized for both wire and wireless E911 call receipt and disposition.

Signature certifies that above expenses are in accordance with Iowa Code Chapter 34, Administrative Rule [605] Chapter 10

Signature _____ Date _____

Mail this form to: Iowa Homeland Security and Emergency Management Department
E-911 Program
7900 Hickman Road, Suite 500
Windsor Heights, IA 50324

For Office Use Only
Approved by _____
Approved Total _____