



**Homeland Security and
Emergency Management**

Form Revision 4/30/2025

INVOICE
(Attachment A)

Telephone Service Provider:

Company Name
Contact Person
Address
City, State, Zip
Phone
(Required) Federal ID #

List of eligible costs (see attached invoices)	Amount to be reimbursed
TOTAL	

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

Eligible Costs: Phase 1 related costs only

Non-recurring Costs	Monthly Recurring Costs
Switch upgrades, hardware/software	Interconnect, spans/trunks (to router, SCP, and ALI Database)
Engineering	Switch maintenance, port charges
Accounting	Engineering
Legal	Accounting
Non-Disclosure Agreements	Legal
911 Contracts	Non-Disclosure Agreements
Federal or State filings	911 Contracts
Field Technician	Federal or State filings
Interconnect, spans/trunks (to router, SCP, and ALI Database)	Database Management

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 Dept. of Homeland Security & Emergency Management -- E911 Program
7105 NW 70th Ave, Camp Dodge Bldg W4
Johnston, IA 50131

For Office Use Only

Approved by _____

Approved Total _____

Fund 0046

Org W100

Obj 2348