



**INVOICE**  
(Attachment B)

County 911 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:

- Reimbursements eligible under 34A and previously approved by 911 Program Manager

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

\_\_\_\_\_  
Signature Date

Mail this form to:	Homeland Security and Emergency Management Department 911 Program 7900 Hickman Road, Suite 500 Windsor Heights IA 50324
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For Office Use Only
Approved by _____
Approved Total _____