



**Homeland Security and  
Emergency Management**

Form Revision 5/1/25

**INVOICE**  
(Attachment B)

County 911 Service Board
Contact Person
Address
City, State, Zip
Phone
(required) Federal ID #

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: Iowa Dept. of Homeland Security and Emergency Management--911 Program  
7900 Hickman Road, Suite 500  
Windsor Heights IA 50324

For Office Use Only

Approved by \_\_\_\_\_

Approved Total \_\_\_\_\_