



Ohio Law Enforcement Bulletproof Vest Program

Request for Payment

FOR OFFICE USE ONLY

Reimbursement Request: \$

Date:

APPLICANT PAYMENT INFORMATION

Agency: _____

Applicant's State of Ohio OAKS ID#: _____ (OR) Tax ID#: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

REIMBURSEMENT REQUEST

Item Description/Unit	Quantity	X	Unit Cost	=	Total*
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Cost of Items					\$
Less 25% Match Requirement					\$
Total Eligible for Reimbursement					\$

*Cell totals in the last column are automatically calculated.

Must attach documentation for justification, including proof of payment, for the above request for reimbursement. Requests for payment must be signed and submitted no later than **September 30, 2024**.

CERTIFICATION & SIGNATURE

I certify that all information and transactions I have reported in this report is, to the best of my knowledge, a true and accurate and complete disclosure of the requested information.

Name of Designated Official	Title	Signature