Request fo	or Reimbursement of F	unds (RFR)	FEMA	A Award #:		RFR #:	
Instructions: Se	nd RFR files to oem.hazardmitigation@	oem.oregon.gov. RFRs shou	ld be sent in once	per quarter.			
Subapplicant:					UEI:		
Payment Mailing Address:					EIN/TIN:		
City, State, Zip:					Period Covered		
Contact Name:					Is this the final RFR?		
Email:							
Cub Cuant Cast Ch	ravinar (tuno data as desimal)						
Sub-Grant Cost Sharing: (type data as decimal) Federal Share		Non-Federal Share	Non-Federal Share Mgt Costs			(% of total costs)	
Request reimburser	ment according to the award percentages on@oem.oregon.gov to see if a budget an	listed above for the following e	xpenses. If you are o				
Budget Categories		Current Request for Reimbursement	Previous Rei	mbursement	Budget	Balance Remaining	
Total							
Federal Share: Total Federal Reimbursement:		Management C HB5006 Funds (if applicable):			Note: If the Total amount at the bottom of any column is wrong after inputing the data, please delete the incorrect Total amount and it will automatically fix by itself.		
in accordance witl	e best of my knowledge and belief, the h the grant conditions and that paymer by the above referenced applicant to e Authorization	nt is due and has not been pr	eviously requeste	d. I further ce	rtify that I am the aut	·	
	(digital or wet signature	only)					
For Internal Use O PCA	only: Description	Amou	nt		4001		
		_			AOBJ		
		<del>_</del>			SAM Expires		
Date	Approvals	Title	Title				
		_			Date Received		
					Vendor # & MC		