



SOUTH DAKOTA
HOMELAND SECURITY

Payment Request Form
Revised December 2019

Submitter: _____
 Street Address: _____
 City, State, Zip: _____
 Funding Category: Law Enforcement SWAT Discretionary (Other) Regional Response
 Date project was completed: _____

Vendor	Invoice Number	Description	Amount Requested
			\$
Total			\$

Required Monitoring Information for Equipment Items \$5,000 and Over	
Item:	
Make/Model:	Serial No.:
Physical Address of Equipment:	
Contact/Owner Name:	Phone:
Total Cost of Equipment:	
Grant Reimbursement Amount:	
Was item purchased for an entity other than your jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has a transfer form been attached or submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the total purchase exceed \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, a debarment search report from www.sam.gov must be attached. Contact Homeland Security for assistance at 605 773-3450 or see http://dps.sd.gov/homeland_security/homeland_security_grants.aspx for instructions.	
Is documentation on file showing the procurement transaction was conducted in a manner providing full and open competition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach additional sheets as needed.

The equipment or services have been received, the vendor has been paid, and reimbursement is being requested. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Submitter Signature: _____ **Date:** _____

Department of Public Safety Use Below

CFDA	Year	Company	Amount	Center
		2035		14314000 ____

Make check payable to:

Vendor Number is:

Office of Homeland Security Signature: _____ Date: _____