DEPARTMENT OF FINACIAL SERVICES
DIVISION OF STATE FIRE MARSHAL
SHSGP DETAIL OF CLAIMS FORM
Issues 05, 09, 16, 24 – FY 07 (2007-2010) SHSGP

Subrecipient:	**Contract Manager:**
Address:	**Phone #:**
	FEID #:

COSTS INCURRED DURING THE PERIOD OF: **through**

THE DETAIL OF CLAIMS FORM MUST BE ACCOMPANIED BY THE DOCUMENTATION AS REFERENCED IN ATTACHMENT A2 OF THE SUBRECIPIENT AGREEMENT AND SHALL BE SUBMITTED WITHIN THIRTY (30) DAYS FOLLOWING THE SUBRECIPIENTS EXPENDITURE OF FUNDS. IN NO EVENT SHALL THE DETAIL OF CLAIMS FORM BE RECEIVED BY THE DEPARTMENT LATER THAN MAY 30, 2010.

1. USAR and Haz Mat Sustainment (Issue 05)	
2. MARC Unit Sustainment and Maintenance (Issue 09)	
3. USAR and Haz Mat Specialized Training (Issue 16)	
4. Haz Mat Infrared Spectroscopy (Issue 24)	

. **Total Expenditures** $ 0.00

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement. I also hereby certify that the above sustainment cost(s) were for items that were previously purchased with federal funds, or with the State Fire Marshal Contract Manager's approval if sustainment item(s) were not previously purchased with federal funds.

Signed _____
Recipient's Contract Manager or Financial Officer

TO BE COMPLETED BY SFM STAFF

AGREEMENT AMOUNT _____	**TOTAL AMOUNT TO BE PAID**
PREVIOUS PAYMENT(S) _____	**ON THIS INVOICE**
THIS PAYMENT _____	$_____
REMAINING BALANCE _____	