



HAZARD MITIGATION PROJECT RECORD – SUPPLIES AND MATERIALS

AUTHORITY: 1976 PA 390; COMPLIANCE: VOLUNTARY

I. GENERAL INFORMATION			
Subrecipient Name:	Contact Name:	Contact Phone:	Contact email:
Project Number:	Description of Work	Type: Reimbursable In-Kind (Match)	Page of (Submit as many pages of this form as needed.)

II. SUPPLIES AND MATERIALS PURCHASE RECORDS								
Vendor Name	Description of Supplies and/or Materials	P.O. Number	Invoice Date	Invoice Number	Total QTY	Unit Price	Total Price	Proof of Payment
TOTAL:								

I certify that the above information was transcribed from timesheets, payroll records, equipment log invoices, stock records, or other documents which are available for audit.			
Subrecipient's Authorized Representative		MSP/EMHSD USE ONLY	
Signature:	Date:	This form has been reviewed and found correct with the exceptions as noted.	
		Reviewer Initials:	Date:

** NOTE: ATTACH REQUIRED DOCUMENTATION FOR EACH VENDOR LINE **