

# GOVERNOR'S TRAFFIC SAFETY BUREAU

## HSP-2 CLAIM FOR REIMBURSEMENT

### CHECKLIST

This checklist is provided to assist you when preparing to submit HSP-2 Claims for Reimbursement to the Governor's Traffic Safety Bureau. Check each item being submitted and make sure to include the proper number of copies.

\_\_\_\_\_ **HSP-2 Form - Claim For Reimbursement** \***REQUIRED ON ALL CLAIMS**\*

- **1 Signed ORIGINAL** (No Faxes or Copies, Must Have Original Signature)
- **4 Copies**

\_\_\_\_\_ **SUPPORTIVE DOCUMENTATION OF EXPENSES** (one copy only)

\_\_\_\_\_ **OVERTIME**: Evidence that services were performed and paid for:

- GTSB Form #32 Overtime Spreadsheet SIGNED by Supervisor, Chief or Sheriff with summary of date(s) (**must during dates of wave**) and hours worked
- Check Stub or Payroll or Check Register for proof of payment

\_\_\_\_\_ **EQUIPMENT**: Evidence that equipment has been received and paid for:

- Copy of Invoice verifies date equipment was ordered was within contract dates
- Copy of Check proof payment was made
- GTSB Form #26 HSP-3 Equipment Accountability with equipment details (2 copies)
- Equipment Photo (portion showing serial #-digital photo can be e-mailed to sSTEP Coord)

**For assistance, call Financial Manager Beth Chipp at 515-725-6130**