State Financial Assistance Drone Replacement Program Compliant Drone Reimbursement Request (Option 1)

Award #:	Request #:	R	ecipient:				
60GG-2.0075, Flori		In order to receive rei	mbursement for			in compliance with Rule ecipient must complete the f	ollowing
Manufacturer	Model	# Purchased	Unit Price	Shipping/Tax	Date Paid	Payment Method	Total
						Total:	
By signing below I	certify the drones above	are compliant with all	orovisions outlir	ne in Rule 60GG-2	2.0075, Florida	Administrative Code.	
I also certify the follo	owing documents are att	tached to document th	e purchase of e	each drone listed a	above.		
	Purchase Order						
	Invoice						
	Proof of Payment	(Cancelled Check, Ba	nk/Card Statem	nents, etc.)			
Chief Official Signature		Ti	Title			Date	