

# BULLETPROOF VESTS PARTNERSHIP PROGRAM

Bulletproof Vest Partnership/Body Armor Safety Initiative	
REIMBURSEMENT FORM	
<b>Office of Criminal Justice Grants                      Florida Department of Law Enforcement                      2331 Phillips Road                      Tallahassee, Florida 32308</b>	
Agency Information	
Agency Name:	Request Number:
Agency Address:	Date of Request:
	Preparer's Name:
	Preparer's Phone Number:
	Preparer's E-Mail Address:
21 digit Flair Account Code (State Agencies Only)	
FEID Number (Universities and Colleges only)	
ORG CODE	
Benefiting Category Code Number	
Benefiting Object Code Number	
Financial Contact Person and Phone Number	
Vest Information	
Number of vests purchased	
Cost of vests purchased	
*Federal Reimbursement amount (50%)	
*This amount must equal the net amount shown on the BVP website @ <a href="http://www.ojp.usdoj.gov/bvpbasi">http://www.ojp.usdoj.gov/bvpbasi</a>	

The following documentation must be submitted along with the Reimbursement Request:  
 Invoice and date paid  
 Proof of receipt (packing/receiving slip or letter)

***I certify these to be true costs and vests received in accordance with the Bulletproof Vest Partnership Program.***

\_\_\_\_\_  
 Project Manager Signature

Email Completed Form and Attachments to:  
[rachelmeadors@fdle.state.fl.us](mailto:rachelmeadors@fdle.state.fl.us)

Questions? Call Rachel Meadors @ 850-617-1271