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

| Award #: | Request #: | R | ecipient: | | | | |
|--------------------------|-----------------------------|----------------------|-------------------|---------------------|-----------------|--|-------|
| | reimbursement for the relir | | | | | GG-2.0075, Florida Admin ation for the compliant dron | |
| Manufacturer | Model | # Purchased | Unit Price | Shipping/Tax | Date Paid | Payment Method | Total |
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| | | | | | | Total: | |
| By signing below I | certify the drones above ar | e compliant with all | provisions outlir | ne in Rule 60GG-2 | 2.0075, Florida | Administrative Code. | |
| | owing documents are atta | | | | | | |
| r also certify the foil | - | ched to document tr | ie purchase or e | each drone listed a | above. | | |
| | Purchase Order | | | | | | |
| | Invoice | | | | | | |
| | Proof of Payment (C | Cancelled Check, Ba | ink/Card Statem | nents, etc.) | | | |
| | | | | | | | |
| Chief Official Signature | | T | itle | | Date | | |