### ELEVATED SECURITY THREAT REIMBURSEMENT FORM

**JURISDICTION NAME:**

**DATES OF SERVICE:**

<table>
<thead>
<tr>
<th>Location Name</th>
<th>Reimbursable Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Overtime Costs for this period</td>
</tr>
<tr>
<td></td>
<td>Backfill and Per Diem Expenses</td>
</tr>
<tr>
<td></td>
<td>Total Number of Personnel Involved</td>
</tr>
<tr>
<td></td>
<td>Contract Security Costs</td>
</tr>
<tr>
<td></td>
<td>Location Totals</td>
</tr>
</tbody>
</table>

Be as specific as possible on the location, include building name, address, or specific geographic indicators.

### TOTALS

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Signature of Certifying Official</td>
</tr>
</tbody>
</table>