STATEWIDE MUTUAL AID ACT (SMAA)

CHECKLIST FOR REQUESTING REIMBURSEMENT

The Responding Jurisdiction shall provide the Requesting Jurisdiction and the SMAA Coordinator, if the state was involved, within 30 days of termination of Statewide Mutual Aid Assistance

☐ Form 110 Intergovernmental Reimbursement

☐ Brief summary of services provided

☐ Contact information of designated person or financial representative

☐ Responding jurisdiction must use assigned mission number

☐ Copy of all documents related to deployment and reimbursement

☐ Form 101-Mission Request Form and any amendments or supplements

☐ Form 113 SMAA Activation Agreement and any amendments

☐ Form 115 Resource Expense Summary and any supporting documentation

☐ Any payments made by requesting jurisdiction