Equipment Acceptance Document

This is a document of *equipment receipt* to be used in lieu of a packing slip, should it not be available or included with purchased equipment. Effective January 2014, its use is required for all equipment purchased with State Homeland Security Program [SHSP] grant funds (if no packing slip available), when claiming reimbursement from the Nebraska Emergency Management Agency [NEMA].

I, ___________________________________________________, on the ___ day of _________________ 20__, took receipt/delivery of: ____________________________________________ ________________________________________________

(NAME/TYPE EQUIPMENT) (NAME/TYPE EQUIPMENT)

____________________________________________________________     _______________________________________________________

(NAME/TYPE EQUIPMENT) (NAME/TYPE EQUIPMENT)

____________________________________________________________     _______________________________________________________

(NAME/TYPE EQUIPMENT) (NAME/TYPE EQUIPMENT)

____________________________________________________________     _______________________________________________________

(NAME/TYPE EQUIPMENT) (NAME/TYPE EQUIPMENT)

____________________________________________________________     _______________________________________________________

(NAME/TYPE EQUIPMENT) (NAME/TYPE EQUIPMENT)

I hereby certify that I am eligible to receive this equipment, and agree to respond to NEMA on behalf of my Region should any questions arise regarding this equipment.

NAME:________________________________________________________ DATE: ___________________________________

(PRT)                                  (PRINT)

SIGNATURE: _______________________________ E-Mail: _______________________________

As the Regional Representative (Any EM who sits on the Regional Board), I hereby certify that the equipment was received and is accepted by the Region.

NAME:________________________________________________________ DATE: ___________________________________

(PRT)

SIGNATURE: _______________________________