



## 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