**PROJECT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT ID NUMBER**: **PROJ**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REPORTING PERIOD**: **From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **EQUIPMENT** | | | | | | |
| **Doc #** | **Item Purchased** | **Vendor Name** | **Quantity** | **Cost Per Item** | **Total Cost** | **Federal Share** | **Match Share** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Total Cost** | | | |  |  |  |

Instructions:

1. **Project Name & ID**: This information can be obtained from the Expense Reimbursement form.
2. **Reporting Period**: Identify the first and last day of the reporting period (month/day/year).
3. **Document Number**: Assign a number or letter to each bill/receipt/invoice and attach to this cover sheet.
4. **Subcategory**: Enter type of expenditure, i.e., computers, fingerprint machine, viper radios, lease items such as vehicles or copiers.
5. **Cost of Item**: Enter cost of each item.
6. **Amount for this Reimbursement**: Enter total grant expenditures.
7. **Match Amount for this Item**: Enter total match associated with each item (where applicable).
   * **Submit Receipts and Invoices** showing proof of payment.
   * **Property Control Form** all equipment (regardless of cost) must be listed on the Property Control Record and submitted to the Grants Management Specialist.
   * **Procurement**: A one-time copy of the agency’s approved Procurement Policy is required.