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

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

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

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|  | **SUPPLIES** |
| **Doc #** | **Item name** | **Vendor name** | **Quantity** | **Cost Per Item** | **Total Cost** | **Federal Share** | **Match Share**  |
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|  | **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. **Item name**: Enter type of expenditure, i.e., phone, utilities, office supplies, rent, etc., as listed in approved grant budget.
5. **Vendor name**: Enter name of company paid by agency.
6. **Cost of Item**: Enter cost of each item.
7. **Amount for this Reimbursement**: Enter total grant expenditures.
8. **Match Amount for this Item**: Enter total match associated with each item (where applicable).
	* **Submit Receipts**, invoices, credit card statement, bank statement, and/or cancelled check (showing proof of payment).
	* **Rent**: A one-time copy of the lease/rental agreement is required. The agreement must include address of rented space, amount of the rent, and termination date. Thereafter, a statement/receipt indicating the amount of the rent must be submitted with each Expense Reimbursement. Cell phones, pagers, etc., copies of lease agreements for mobile devices are not required, however, copies of the bills and proof of payment ARE required.