



PROJECT NAME: _____

PROJECT ID NUMBER: _____

REPORTING PERIOD: From _____ To _____

| CONTRACTUAL | | | | | | |
|-------------------|---------------------------|------------------|------|------------|---------------|-------------|
| Doc Id # | Contractor Name and Title | Hours of Service | Rate | Total Cost | Federal Share | Match Share |
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| Total Cost | | | | | | |

Instructions:

- Document number:** Assign an identification number or letter to each invoice, bill, receipt, proof of payment and to any back up documentation related to the cost reimbursement requested
- Contractor name and title:** Enter the name and title of the contracted service provider as listed in the approved grant budget
- Hours per service:** Enter the number of service hours provided; must include a copy of the invoice that outlines services rendered as part of supporting documentation for the costs
- Rate:** Enter the cost per service hour, day, or session as listed in the approved grant budget
- Total cost:** Enter requested amount for reimbursement (hours of service x rate = total cost)
- Federal share:** Enter amount of to be paid by the grant
- Match share:** Enter amount of to be paid by the grantee agency (if applicable)

For this request to be approved, back up documentation must be included with this coversheet: invoices, credit card statement, bank statement, issued or cleared check showing proof of payment.

All contracts must be pre-approved by GCC/Grant Administrator prior to the execution of any work or services. Any changes to contracted services must be pre-approved by GCC/Grant Administrator prior to the execution of any work or services. Failure to comply with these instructions may result in the delayed or denial of this request.