



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

PROJECT ID NUMBER: \_\_\_\_\_

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

EQUIPMENT							
Doc Id #	Item Purchased	Vendor Name	Quantity	Cost per Item	Total Cost	Federal Share	Match Share
<b>Total Cost</b>							

**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
- Item purchased:** Enter type of expenditure, e.g., computers, scanner, radio, lease items such as vehicles or copiers
- Quantity:** Enter number purchased of each item
- Cost of item:** Enter cost of each item
- Total cost:** Enter total expense amount (quantity x cost per item = total cost), do not include sales tax.
- 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. A **Property Control Record and Equipment Certification** form for all equipment, regardless of cost, must be completed and submitted to Grant Administrator. Failure to comply with these instructions may result in the delayed or denial of this request.