



PROJECT NAME: _____

PROJECT ID NUMBER: _____

REPORTING PERIOD: From _____ To _____

SUPPLIES							
Doc Id #	Item Purchased/Type	Vendor Name	Quantity	Cost per Item	Total Cost	Federal Share	Match Share
Total Cost							

Instructions:

1. **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
2. **Item purchased/type:** Enter type of expenditure, e.g., office supplies, telephone, utilities, rent, etc. as listed on approved budget
3. **Quantity:** Enter number purchased of each item
4. **Cost of item:** Enter cost of each item
5. **Total cost:** Enter total expense amount (quantity x cost per item = total cost), do not include sales tax.
6. **Federal share:** Enter amount of to be paid by the grant
7. **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. For rent and all contractual services a detailed rental/lease/ service agreement must be uploaded to GEMS. Failure to comply with these instructions may result in the delayed or denial of this request.