

Subrecipient Reimbursement Request



Reporting Period:	Quarter Starting (MM/DD/YYYY)	Quarter Ending (MM/DD/YYYY)
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Subgrantee Agency:		Report No. :	
Address:		Funding Year:	
		Grant Fund	
Project Name:		Funding Job #:	
Project Manager:		CFDA Number:	
Fiscal Agent:		Match %:	
	Phone:		
	Phone:		

TO-DATE CUMULATIVE TOTALS

A.	Total Expenses Previously Claimed	\$	-
B.	Total Expenses Claimed This Period	\$	-
C.	Total Expenses Claimed To Date (Lines A+B)	\$	-
D.	Total Match Provided By Sub-Grantee	\$	-
E.	Total Federal Grant Funds Awarded	\$	-
F.	Balance of Federal Funds	\$	-
G.	Committed But Not Spent	\$	-

NOTES & ADJUSTMENTS

BUDGET, EXPENDITURES & COMMITMENTS BY CATEGORY

Category	Grant Funds Awarded (E)	Previously Claimed To Date (A)	Claimed This Period (B)	Total Claimed To Date (C)	Committed But Not Spent (G)
Personnel/Contractors	\$ -	\$ -	\$ -	= \$ -	\$ -
Consultants/Contracts	\$ -	\$ -	\$ -	= \$ -	\$ -
Travel	\$ -	\$ -	\$ -	= \$ -	\$ -
Supplies/Operating	\$ -	\$ -	\$ -	= \$ -	\$ -
Equipment	\$ -	\$ -	\$ -	= \$ -	\$ -
Training	\$ -	\$ -	\$ -	= \$ -	\$ -
	\$ -	\$ -	\$ -	= \$ -	\$ -
Indirect (up to 10%)	\$ -	\$ -	\$ -	= \$ -	\$ -
COLUMN TOTALS	\$ 0.00	\$ 0.00	\$ 0.00	= \$ 0.00	\$ 0.00

GRANT IN-KIND MATCH (if applicable)

Category	Total Previous Match	Current Period	Total Match Reported (D)
Match (Support Documentation Required)	\$ -	\$ -	= \$ -

REIMBURSEMENT REQUEST DETAILS

Total Funds Requested This Claim	\$
Total Federal Funds Requested this Claim = (B):	\$ -

Attached are copies of all expenses to substantiate the expenses requested on this claim. I certify that submitted invoices have been paid prior to the request for reimbursement from the State and to the best of my knowledge and belief, this report is correct and complete and that all outlays and unpaid obligations are for the purposes set forth under the terms of federal and state assurances, program regulations and the approved grant budget. I further certify that a copy of this Financial Report has been provided to the above named Project Manager.

Signature - Fiscal Agent	Date
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Notes

Dept. Use Only

Budget Account:	
Category:	
General Ledger:	
Job Number:	
Amount	
Voucher #:	
Initials:	
Date:	



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OFFICE OF
FEDERAL
ASSISTANCE

Subrecipient Reimbursement Request Instructions (010-GP 013)

- Step 1:** Fill out the Subrecipient information, report number, funding year, grant fund, funding job number, CFDA number, and match percent if applicable,
- Step 2:** Fill out To-Date Cumulative Totals and notes/adjustments if applicable.
- Step 3:** In the "Budget, Expenditures & Commitments by Category" section, fill out each column. The column totals will auto-populate for you.
- Step 4:** In the Grant in Kind section, if you have a match requirement, fill in the current status of the matching
- Step 5:** In the reimbursement claims section, enter the final amount you wish to be reimbursed.
- Step 6:** Sign and date the form.
- Step 7:** Turn in the form with all of the supporting documentation.

Note: A state agency may alter this form to suit your agency's needs as long as all fields are present.