Claims For Reimbursement for New Initiatives

By Donna Phillips

Claims for Reimbursement

- New Initiative Programs must submit claims for reimbursement on a monthly basis in IowaGrants.Gov
  - The VSS Administrator and CVAD Director can allow other submission with good cause.

- Claims are due at the end of month following the expended period. For example, monthly claims for expenditures in July would be due the end of August. Programs are required to file claims timely in order to be in compliance with their contract(s) with VSS.

- Claims will be filed in IowaGrants.Gov including all expense summaries and supporting documentation.

- Reimbursement grants which means your agency needs to incur the costs and we will reimburse with the proper documentation and approval from budget as long as reasonable.

Claims for Reimbursement Expense/Budget Categories:

- Payroll #1
- Payroll #2
- Benefits #1
- Benefits #2
- Training
- Travel
- Contractual Services
- Equipment
- Repairs & Maintenance
- Rent
- Utilities
- Communications
- Advertising
- Supplies
- Insurance
- Other Direct
- Client Assistance
- Indirect Costs

Claims Documentation
Payroll & Benefits

- **Payroll #1 & #2** – Attach copies of to verify gross wages:
  - Payroll check register
  - Payroll report
  - Payroll stubs
  - Payroll spreadsheet

- **Benefit #1 & #2** – Attach copies of to verify gross wages:
  - Premium statements or invoices from insurance or retirement providers
  - Iowa Workforce Development quarterly SUTA reports
  - Deposits of payroll taxes
  - Payroll reports reflecting employer costs

- Please indicate directly on the invoice the breakdown of claimed costs.
- Please only include required documentation pertaining to the actual benefits claimed.
- Please include only page 1 of the premium statement/invoice.

Benefits Summary

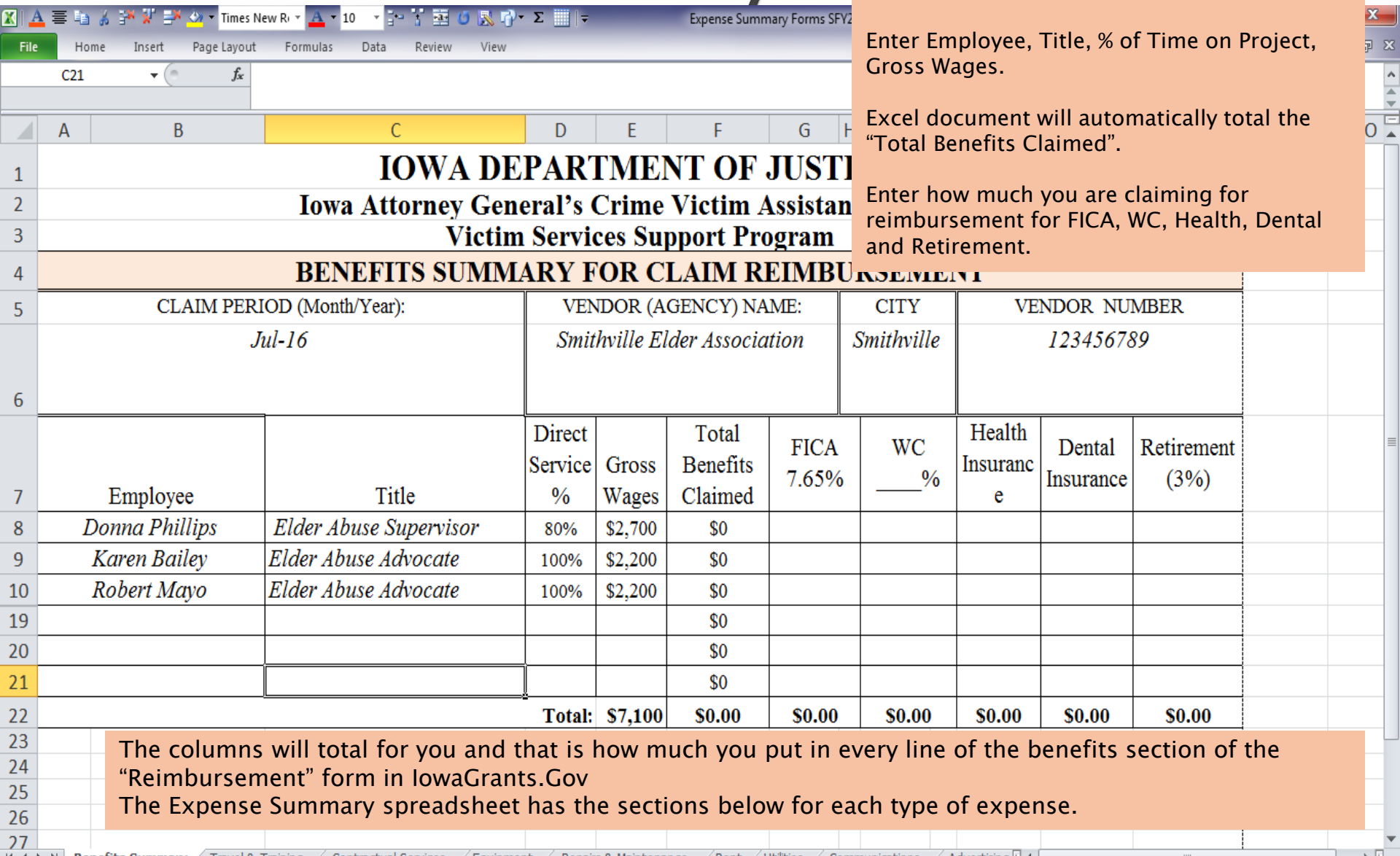
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter Employee, Title, % of Time on Project, Gross Wages.

Excel document will automatically total the "Total Benefits Claimed".

Enter how much you are claiming for reimbursement for FICA, WC, Health, Dental and Retirement.



Expense Summary Forms SFY2

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Iowa Attorney General's Crime Victim Assistan

Victim Services Support Program

BENEFITS SUMMARY FOR CLAIM REIMBURSEMENT

CLAIM PERIOD (Month/Year):	VENDOR (AGENCY) NAME:	CITY	VENDOR NUMBER
Jul-16	*Smithville Elder Association*	*Smithville*	*123456789*

Employee	Title	Direct Service %	Gross Wages	Total Benefits Claimed	FICA 7.65%	WC ____%	Health Insurance	Dental Insurance	Retirement (3%)
Donna Phillips	*Elder Abuse Supervisor*	80%	$2,700	$0					
Karen Bailey	*Elder Abuse Advocate*	100%	$2,200	$0					
Robert Mayo	*Elder Abuse Advocate*	100%	$2,200	$0					
				$0					
				$0					
				$0					
		Total:	**$7,100**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

The columns will total for you and that is how much you put in every line of the benefits section of the "Reimbursement" form in IowaGrants.Gov
The Expense Summary spreadsheet has the sections below for each type of expense.

Benefits Summary | Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising

Ready 130%

Claims Documentation Training & Travel for Services

Only reimburse the State rate for travel for Mileage/Meals

- **Mileage Rate:** $0.39/mile
- **In-State Meal Rates:**
  - Breakfast $5.00 Depart before 6:00 am
  - Lunch $8.00
  - Dinner $15.00 Return after 7:00 pm
  - Meal Day Total = $28.00
  - **Itemized Receipts** – No Charge Card Receipts Allowed unless it has itemized (list of food/drink & price).
  - **No Alcohol reimbursed**
  - **Tips allowed** – ***Not more than 15% of the food bill.*** The tip is to be calculated on the sub-total of food and drink before the tax has been applied. See FAQ posted on State Website at https://das.iowa.gov/state-accounting/travel-relocation/state-travel/receipt_faq
- **In-State Hotel Rate:**
  - Reasonable
  - In Doubt Check with your Primary VSS Staff

Claims Documentation Training & Travel for Services

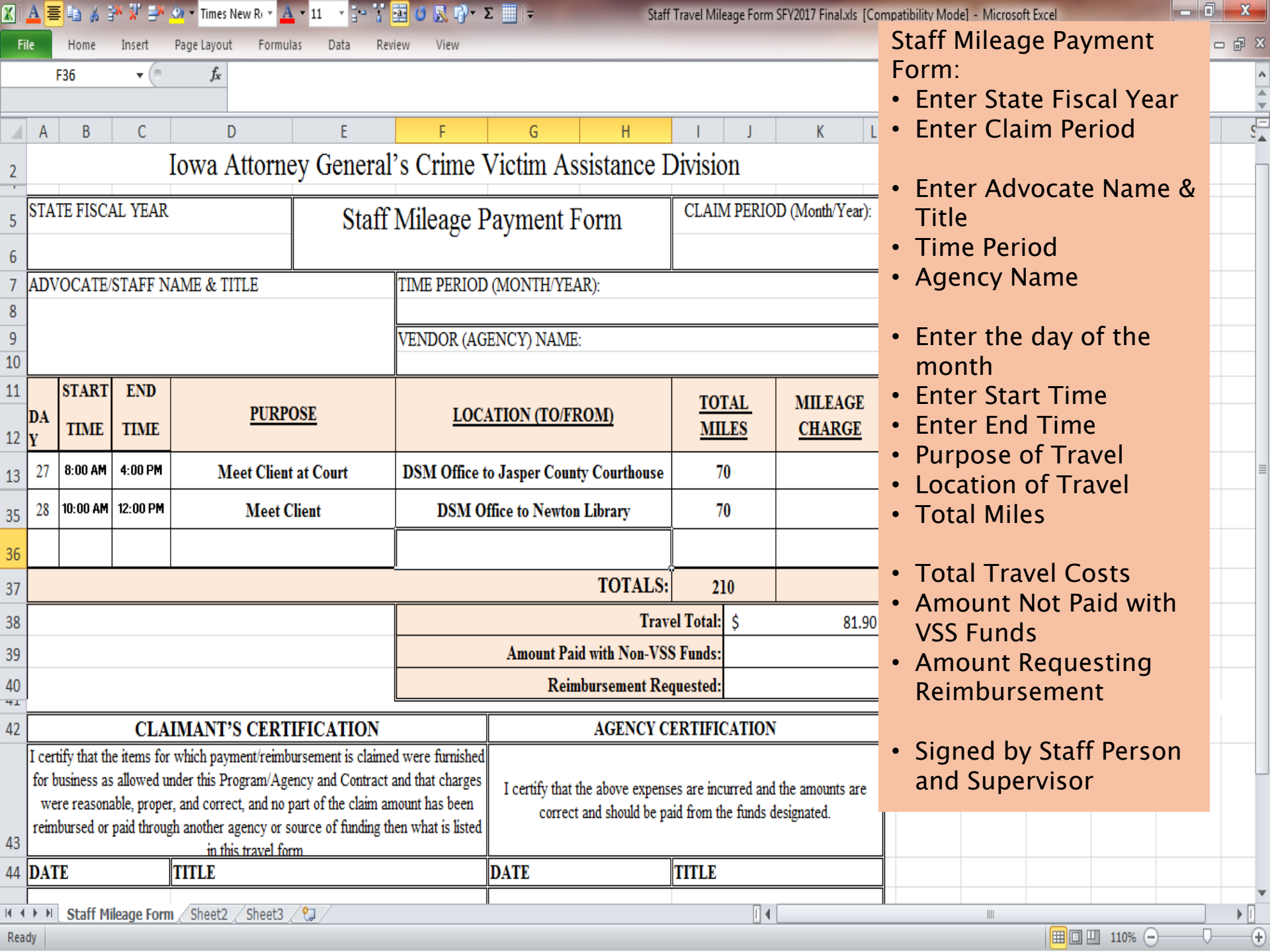
- Out of State Travel for Conferences/Training
  - State Rates for Traveling Out of State
- Travel Rates & Requirements at https://das.iowa.gov/state-accounting/travel-relocation
- Documentation for Travel:
  - Itemized Meal receipts
  - Itemized Hotel statement/invoice
  - Staff requests for reimbursement

Claims Documentation Training & Travel for Services

- Documentation for Travel:
  - Itemized Meal receipts
  - Itemized Hotel statement/invoice
  - Purpose of Travel
  - Taxi/Bus/Train/Airfare/Shuttle/Rental Car Receipts
    - Rental Cars in rare cases check with VSS Staff first
  - Airline Confirmation
  - Staff requests for reimbursement – VSS Travel Forms
    1. Staff Mileage Reimbursement
    2. Out of State Travel & In-State Training Form
    3. Vehicle Mileage Log
    4. Meal Reimbursement Form

Staff Mileage Form

- Form used to track staff mileage during the course of their job duties/responsibilities, such as but not limited to:
  - Travel to meetings
  - Travel to meet a client for services
  - Travel to court or other facility to meet with client
  - Travel to conduct presentations & trainings
  - Travel to conduct outreach activities
- Please note travel for fundraising activities is not reimbursable with our funds.



Staff Travel Mileage Form SFY2017 Final.xls [Compatibility Mode] - Microsoft Excel

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Iowa Attorney General's Crime Victim Assistance Division

STATE FISCAL YEAR	Staff Mileage Payment Form	CLAIM PERIOD (Month/Year):

ADVOCATE/STAFF NAME & TITLE	TIME PERIOD (MONTH/YEAR):
	VENDOR (AGENCY) NAME:

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE
27	8:00 AM	4:00 PM	Meet Client at Court	DSM Office to Jasper County Courthouse	70	
28	10:00 AM	12:00 PM	Meet Client	DSM Office to Newton Library	70	
				TOTALS:	210	

Travel Total:	$ 81.90
Amount Paid with Non-VSS Funds:	
Reimbursement Requested:	

CLAIMANT'S CERTIFICATION		AGENCY CERTIFICATION	
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form		I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.	
DATE	TITLE	DATE	TITLE

Staff Mileage Form | Sheet2 | Sheet3

Ready 110%

Staff Mileage Payment Form:

- Enter State Fiscal Year
- Enter Claim Period

- Enter Advocate Name & Title
- Time Period
- Agency Name

- Enter the day of the month
- Enter Start Time
- Enter End Time
- Purpose of Travel
- Location of Travel
- Total Miles

- Total Travel Costs
- Amount Not Paid with VSS Funds
- Amount Requesting Reimbursement

- Signed by Staff Person and Supervisor

Out of State /In-State Conference Form

- Form used to track staff expenses related to out-of-state travel to attend conferences/training and in-state travel for conferences/training.
- Form utilized to track expenses related to:
  - Transportation (car mileage, airfare, bus, train, shuttle, cab, parking at airport, etc.),
  - Meals
  - Hotel
  - Registration for Conferences/Trainings

Travel Form SFY2015 Landscape Final.xls [Compatibility Mode] - Microsoft Excel
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Iowa Attorney General's Crime Victim Assistance Division

Page:___ of ___.

STATE FISCAL YEAR	**Out of State Travel Form & In-State Training**	CLAIM PERIOD (Month/Year):
SFY2017		Jul-16

ADVOCATE/STAFF NAME & TITLE	TIME PERIOD (MONTH/YEAR):
Miranda Jordan, Other Violent Crime Advocate	Jul-16
	VENDOR (AGENCY) NAME: Smithville Other Violence Crime Program

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	ACTUAL MEALS B	ACTUAL MEALS L	ACTUAL MEALS D	Actual MEAL TOTALS	REIMBURSEABLE MEALS B	REIMBURSEABLE MEALS L	REIMBURSEABLE MEALS D	Reimb. MEAL TOTALS	LODGING	OTHER ITEMS
24	9:00 AM		Stalking Conference	Des Moines to Washington DC				7.52	18.93	26.45		7.52	18.93	26.45	125.5	A = $554
25			Stalking Conference	Washington DC			4.5	8	27.96	40.46	4.5	8	27.96	40.46	125.5	C = 25
26		5:15 PM	Stalking Conference	Washington DC to Des Moines			7.8	10		17.8	7.8	10		17.8		C = 25
				TOTALS:			TOTAL ACTUAL MEALS:						**TOTALS:**	$ 84.71	$ 151.00	604

Other Travel Items:

A- Air; B-Bus/Cab/Shuttle; P-Parking; R-Registration;

L - Luggage; T-Tolls; O-Other (Explanation):

Travel Total:	839.71
Amount Paid with Non-VSS Funds:	-
Reimbursement Requested:	839.71

CLAIMANT'S CERTIFICATION	AGENCY CERTIFICATION
I certify that the items for which payment/reimbursement is claimed were furnished for business as	

1-Page Travel Form Meals-Lodg. Sheet2 Sheet3
Ready 100%

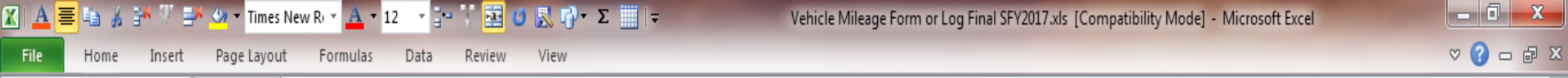
Difference Between Staff Mileage Form and Out of State/In-State Conference Form

- Staff Mileage is only for mileage and parking and is more related to everyday work related travel.

- Out-of-State/In-State Conference Form is for traveling out of state to attend a conference or in-state for all-day and overnight expenses are involved such as hotel & meals.

Vehicle Log

- This form is to log vehicle miles for vehicles that are owned or leased by the agency.
- This is to log miles that your agency will be requesting reimbursement as it relates to services provided by your New Initiative contract with the VSS Program.



VEHICLE MILEAGE FORM

MONTH: _____ YEAR: _____ VEHICLE: _____ Page ____ of ____

					MILES DRIVEN & CHARGE		REASON FOR MILES/TRAVEL		
	Start	End	LOCATION		Total	Mileage	Transporting	Meeting	Other:
Day	Time	Time	From	To	Miles	Charge	Client	Client	Explain
Mileage Rate = State Rate of $0.39/mile				Total Miles/Charge:	0	$ -	Total Amount Claimed:		

AGENCY CERTIFICATION

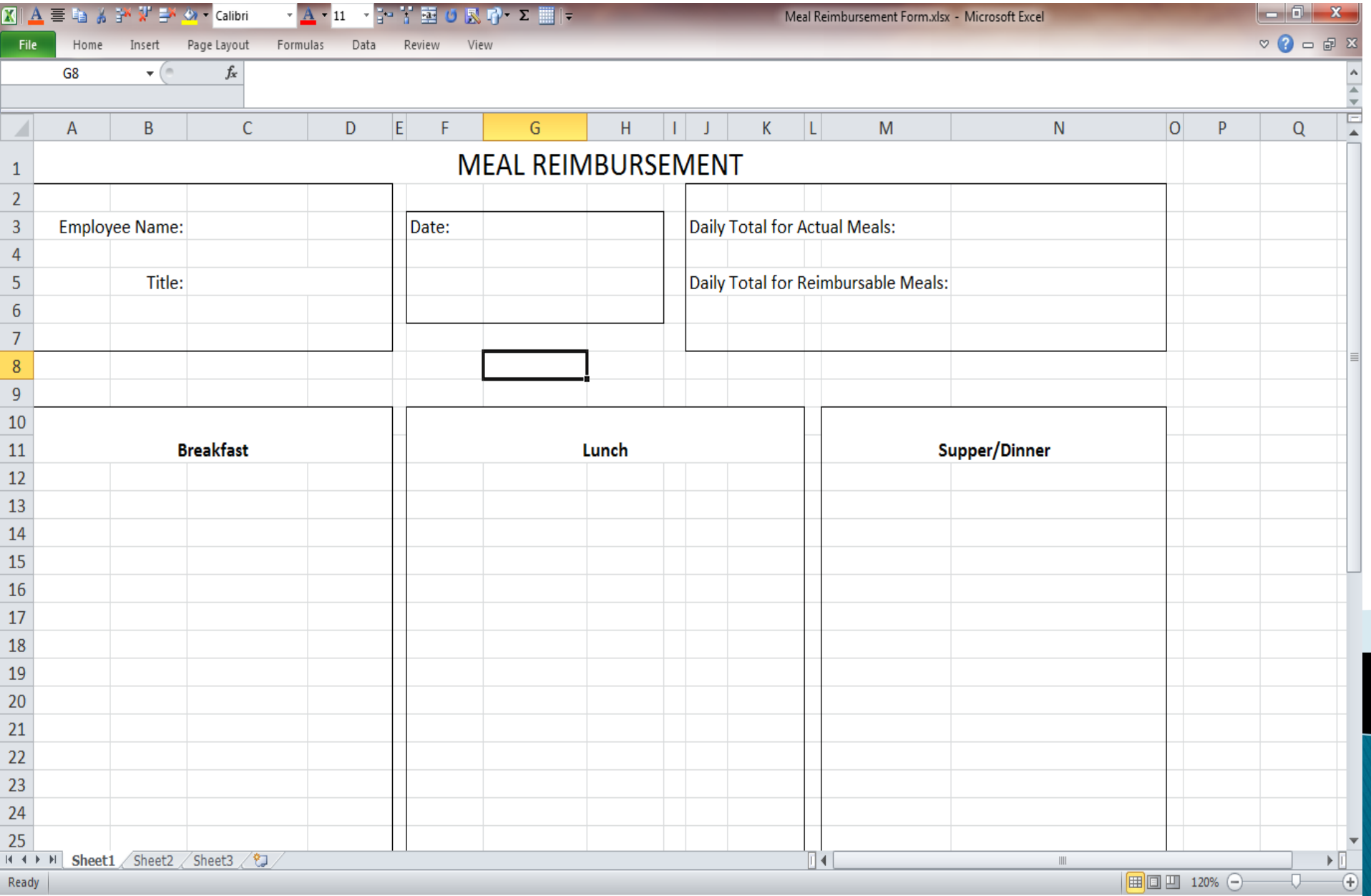
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that expenses/mileage were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed on this Vehicle Mileage Form. I also certify that the above expenses/mileage is incurred and the amounts are correct and should be paid from the funds designated.

DATE	TITLE	AUTHORIZED SIGNATURE

Meal Reimbursement

- Staff are allowed to ask for reimbursement of meals when it is associated with:
  - Meeting that is outside their domicile
  - Conference or in-state training
  - Attending a trial/hearing and eating with victim/client for support during this process
  - Ask your VSS staff person for other times meal reimbursement may be needed

Meal Reimbursement Form



Claims Documentation – Contractual Services & Equipment

Contractual Services :

- All Contractual Services need to be approved by primary VSS staff.
- Copy of Contract must be on file with the VSS Staff.
- Statements or invoices showing:
  - date(s) of service
  - description/type of services provided
  - total amount owed
  - amount paid
  - contract period

Equipment:

Vendor Receipts or invoices showing:

- date(s) of service
- total amount owed
- amount paid

Contractual Services

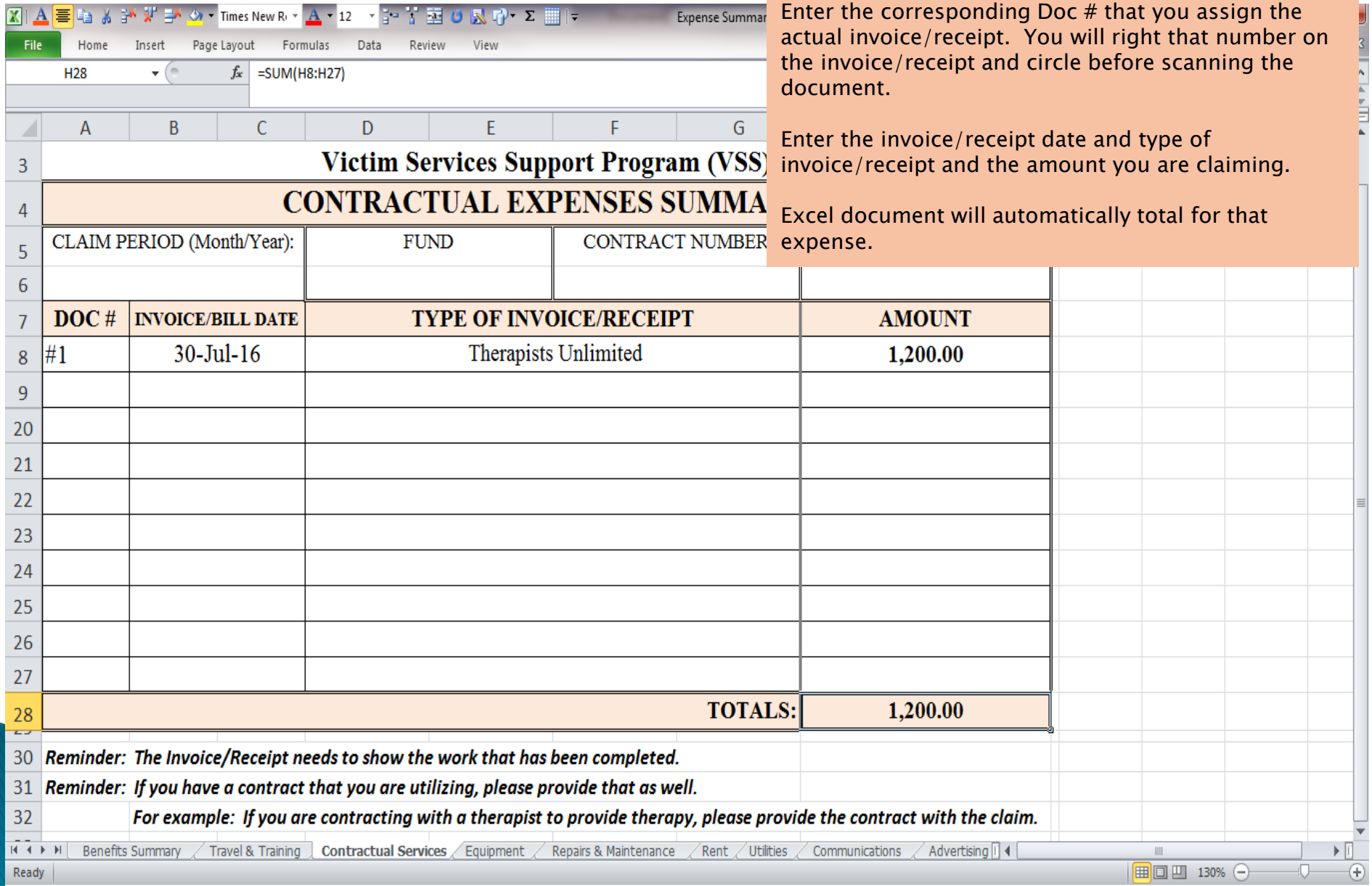
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter the invoice/receipt date and type of invoice/receipt and the amount you are claiming.

Excel document will automatically total for that expense.



Times New R 12 Expense Summar

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H28 =SUM(H8:H27)

	A	B	C	D	E	F	G
3	Victim Services Support Program (VSS)						
4	CONTRACTUAL EXPENSES SUMMA						
5	CLAIM PERIOD (Month/Year):			FUND		CONTRACT NUMBER	
6							
7	DOC #	INVOICE/BILL DATE		TYPE OF INVOICE/RECEIPT			AMOUNT
8	#1	30-Jul-16		Therapists Unlimited			1,200.00
9							
20							
21							
22							
23							
24							
25							
26							
27							
28						TOTALS:	1,200.00
30	*Reminder: The Invoice/Receipt needs to show the work that has been completed.*						
31	*Reminder: If you have a contract that you are utilizing, please provide that as well.*						
32	*For example: If you are contracting with a therapist to provide therapy, please provide the contract with the claim.*						

Benefits Summary | Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising

Ready 130%

Equipment

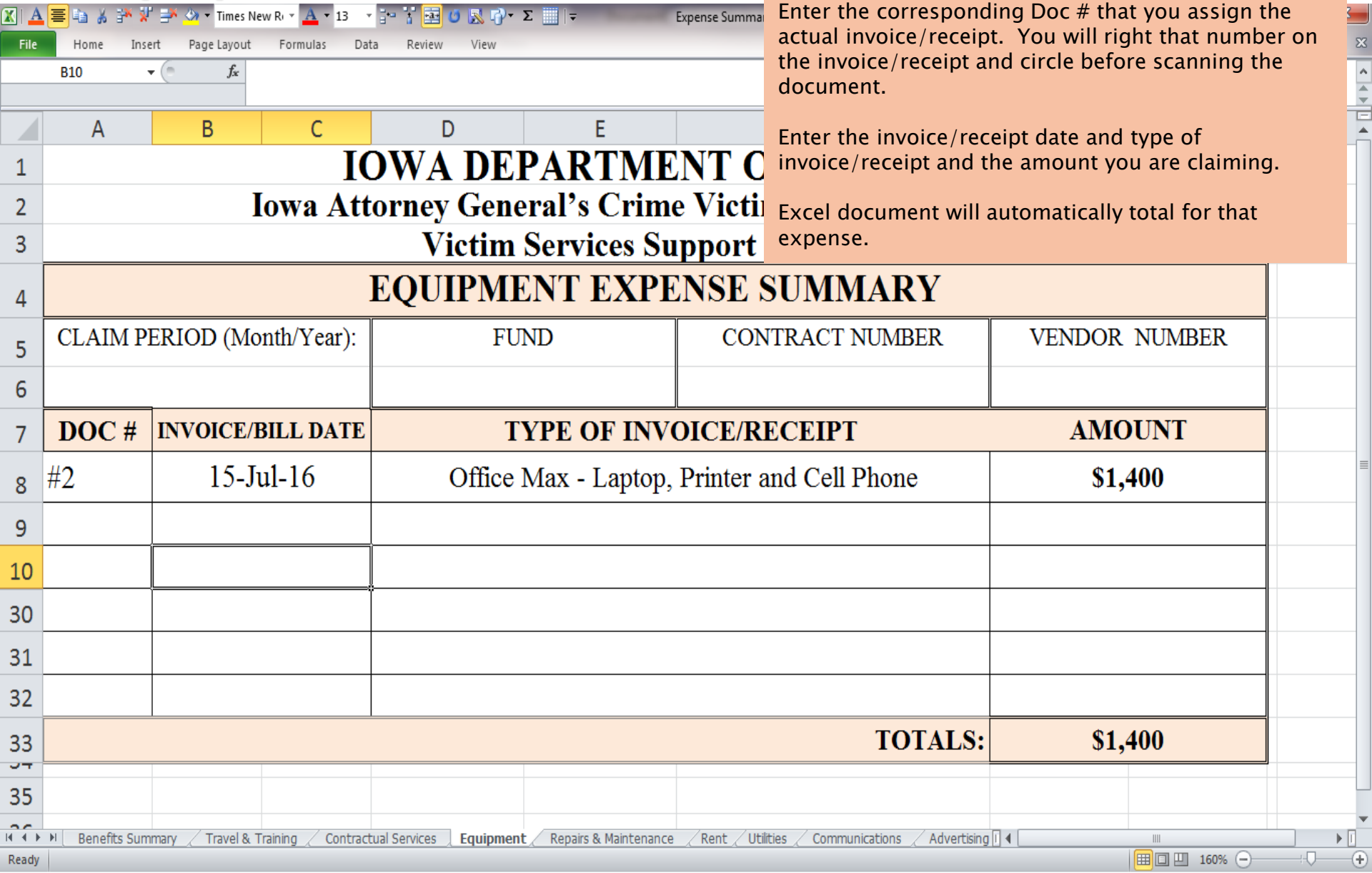
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter the invoice/receipt date and type of invoice/receipt and the amount you are claiming.

Excel document will automatically total for that expense.



IOWA DEPARTMENT C
Iowa Attorney General's Crime Victi
Victim Services Support

EQUIPMENT EXPENSE SUMMARY

CLAIM PERIOD (Month/Year):	FUND	CONTRACT NUMBER	VENDOR NUMBER

DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT	AMOUNT
#2	15-Jul-16	Office Max - Laptop, Printer and Cell Phone	$1,400
		TOTALS:	$1,400

Claims Documentation – Repairs & Maintenance and Rent

Repairs & Maintenance:

Vendor receipts or invoices showing:

- Date(s) of service,
- Total amount owed,
- Amount Paid

Rent:

Vendor receipts or invoices showing:

- Rental period,
- Location/Address renting,
- Amount owed/paid

Lease/Contract Agreement must be on file at the VSS office.

Repairs & Maintenance

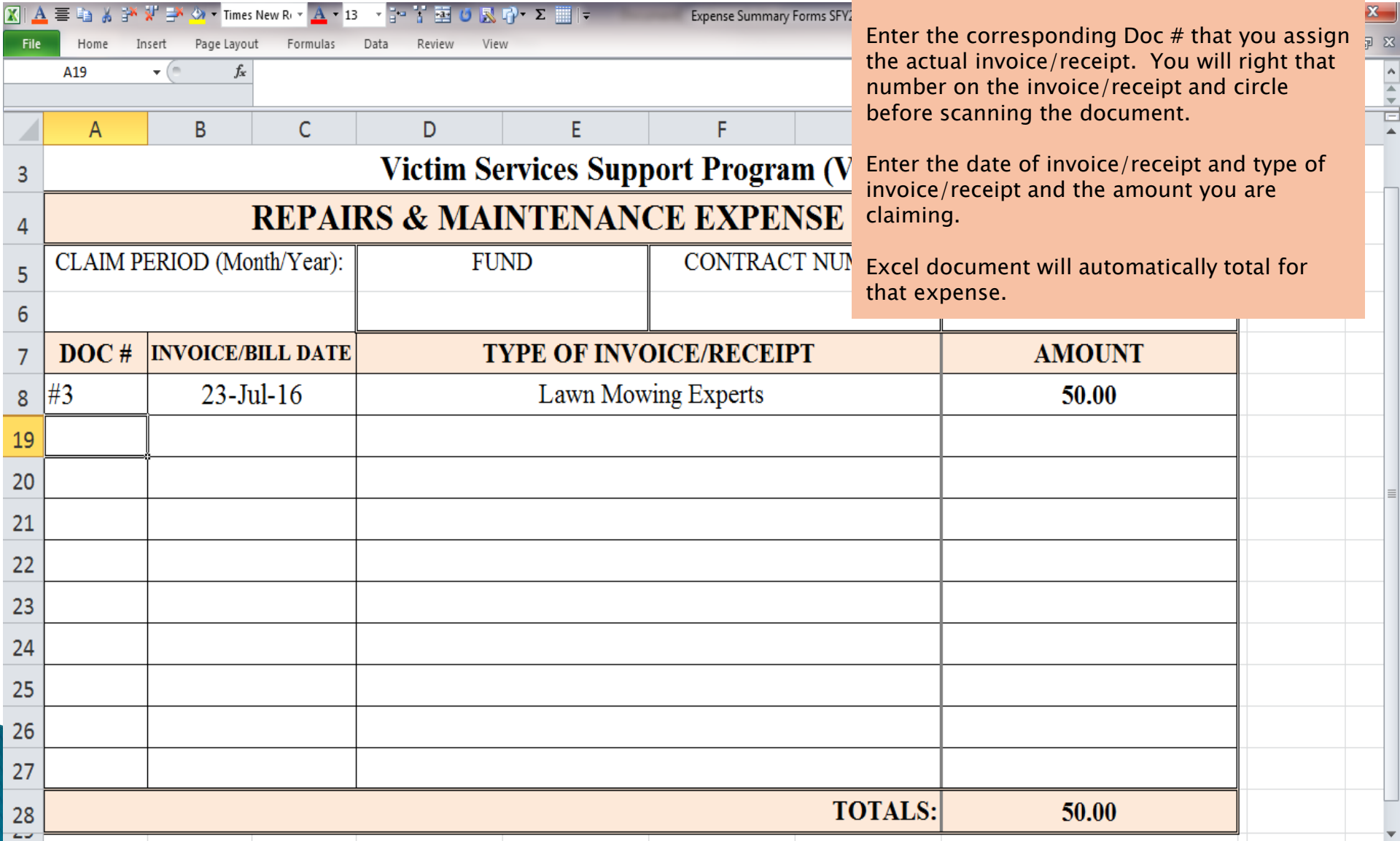
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter the date of invoice/receipt and type of invoice/receipt and the amount you are claiming.

Excel document will automatically total for that expense.



Expense Summary Forms SFY2

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Victim Services Support Program (V

REPAIRS & MAINTENANCE EXPENSE

CLAIM PERIOD (Month/Year):	FUND	CONTRACT NUM

DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT	AMOUNT
#3	23-Jul-16	Lawn Mowing Experts	50.00
		TOTALS:	50.00

Benefits Summary | Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising

Ready

150%

Rent Summary

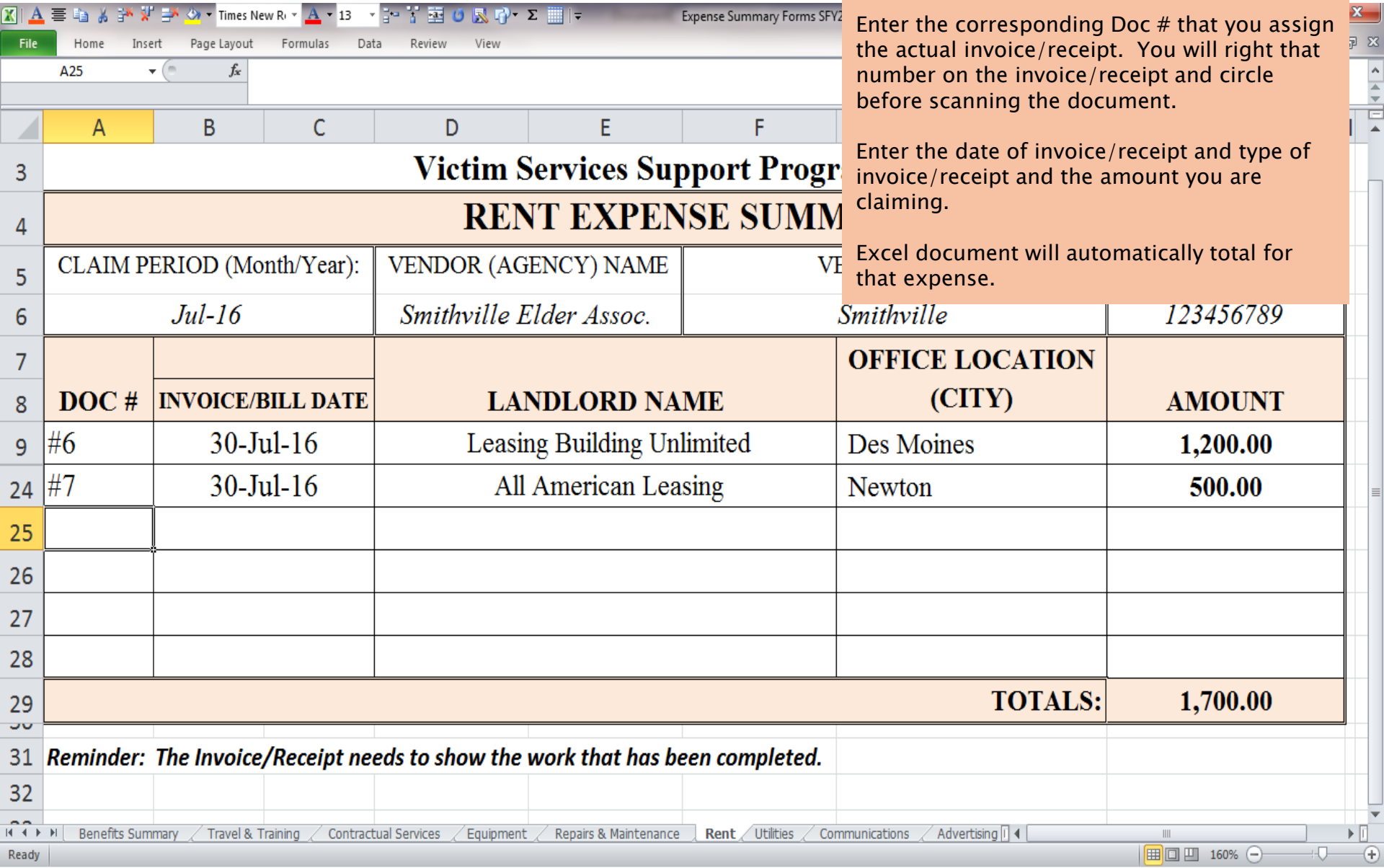
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter the date of invoice/receipt and type of invoice/receipt and the amount you are claiming.

Excel document will automatically total for that expense.



Expense Summary Forms SFY2

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	A	B	C	D	E	F	
3				Victim Services Support Progr			
4				RENT EXPENSE SUMM			
5	CLAIM PERIOD (Month/Year):			VENDOR (AGENCY) NAME		VE	
6	*Jul-16*			*Smithville Elder Assoc.*		*Smithville*	*123456789*
7							
8	**DOC #**	**INVOICE/BILL DATE**		**LANDLORD NAME**		**OFFICE LOCATION (CITY)**	**AMOUNT**
9	#6	30-Jul-16		Leasing Building Unlimited		Des Moines	**1,200.00**
24	#7	30-Jul-16		All American Leasing		Newton	**500.00**
25							
26							
27							
28							
29						**TOTALS:**	**1,700.00**
31	***Reminder: The Invoice/Receipt needs to show the work that has been completed.***						
32							

Benefits Summary | Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising

Ready 160%

Claims Documentation Utilities and Communications

- **Utilities** – Statement or invoices showing:
  - Usage period
  - Location/Address (unless confidential)

- **Communications** – Statement or invoices showing:
  - Invoice from provider showing usage period
  - First page only of invoice unless requested by program

Utilities

Enter Claim Period, Agency Name and City of Agency.

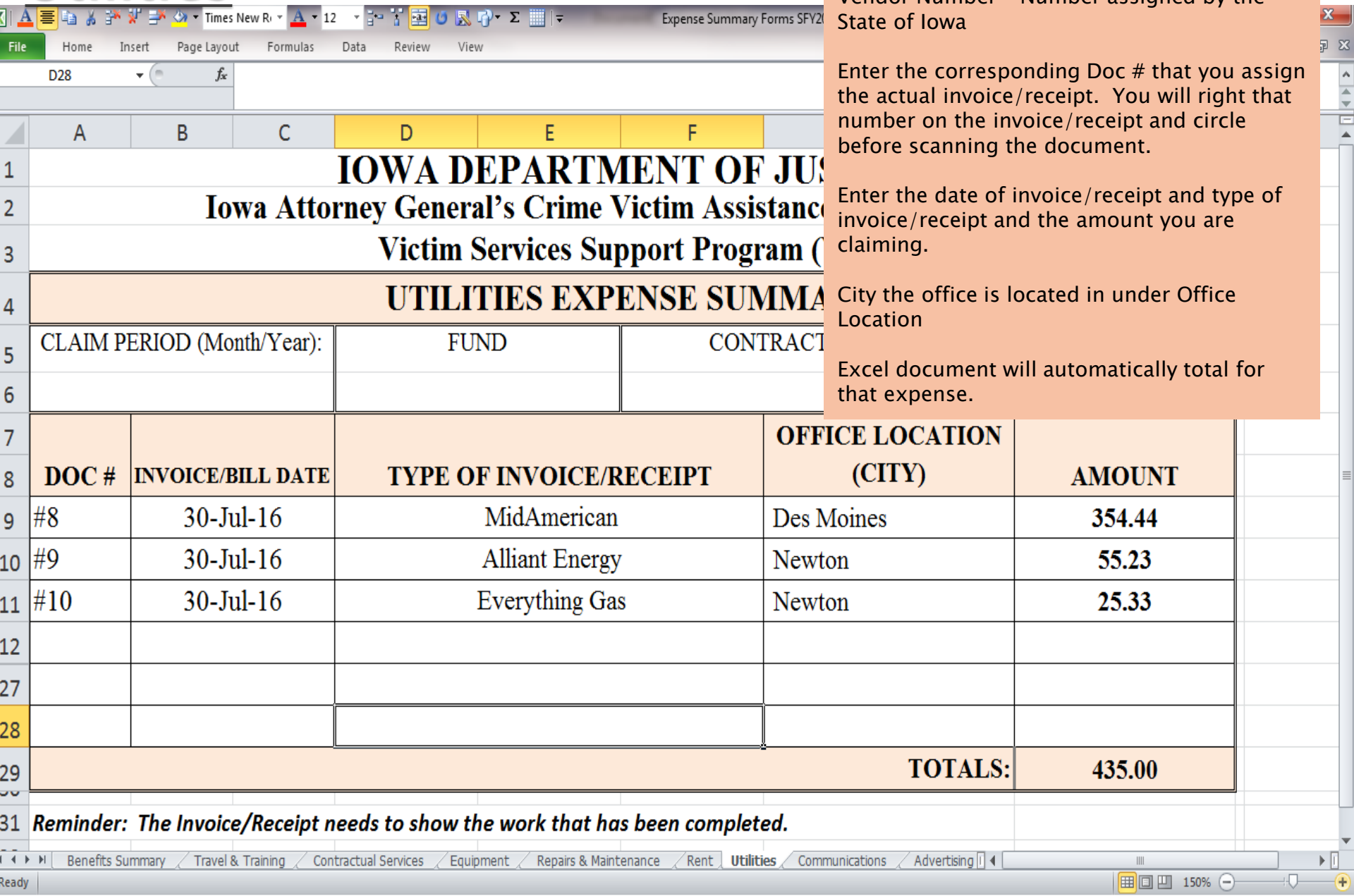
Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter the date of invoice/receipt and type of invoice/receipt and the amount you are claiming.

City the office is located in under Office Location

Excel document will automatically total for that expense.



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Iowa Attorney General's Crime Victim Assistanc

Victim Services Support Program (

UTILITIES EXPENSE SUMMA

CLAIM PERIOD (Month/Year):	FUND	CONTRACT

DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT	OFFICE LOCATION (CITY)	AMOUNT
#8	30-Jul-16	MidAmerican	Des Moines	354.44
#9	30-Jul-16	Alliant Energy	Newton	55.23
#10	30-Jul-16	Everything Gas	Newton	25.33
			TOTALS:	435.00

Reminder: The Invoice/Receipt needs to show the work that has been completed.

Benefits Summary | Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising

Ready 150%

Communications

Enter Claim Period, Agency Name and City of Agency.

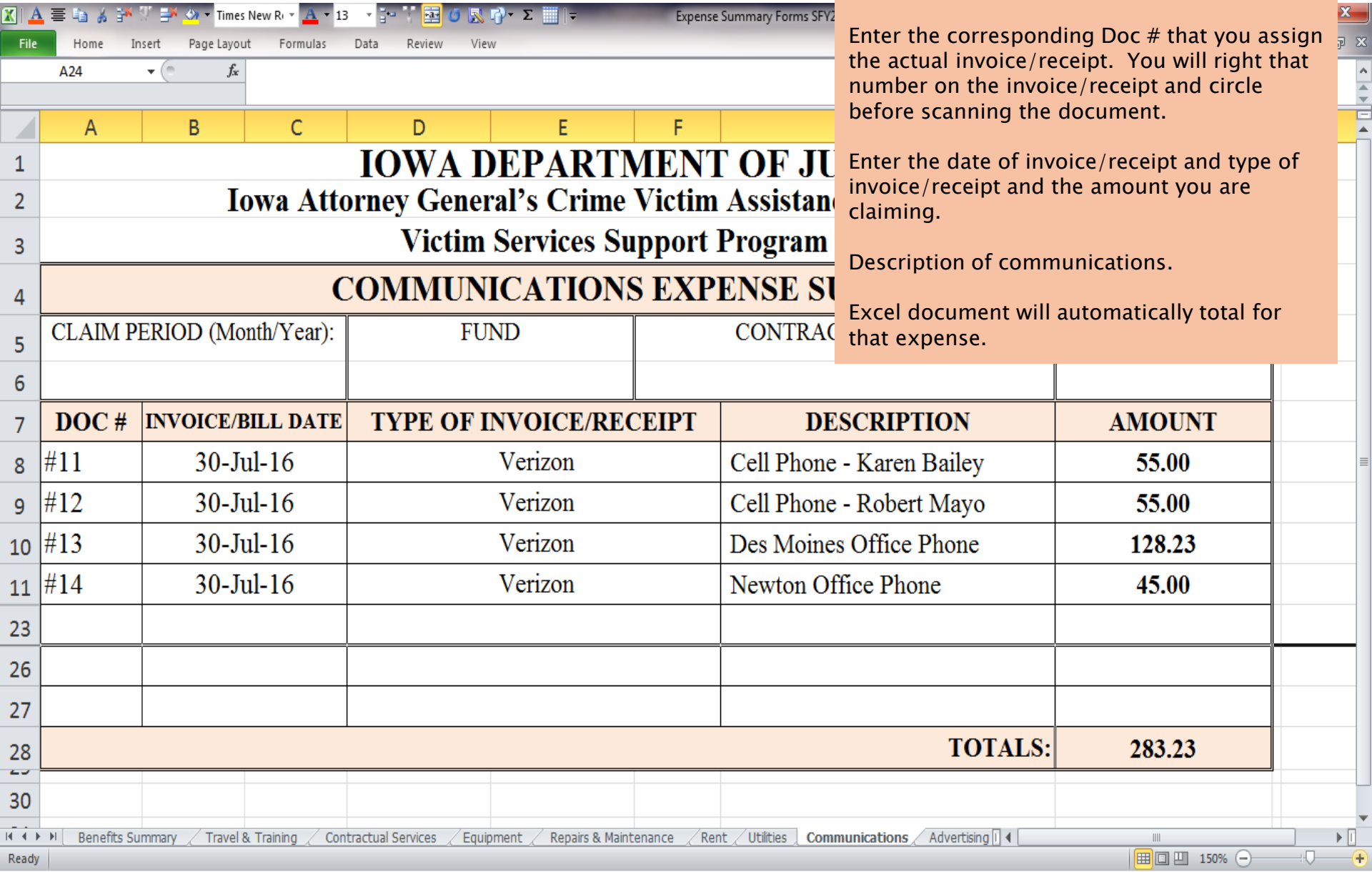
Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter the date of invoice/receipt and type of invoice/receipt and the amount you are claiming.

Description of communications.

Excel document will automatically total for that expense.



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Iowa Attorney General's Crime Victim Assistan

Victim Services Support Program

COMMUNICATIONS EXPENSE SU

CLAIM PERIOD (Month/Year):	FUND	CONTRAC

DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT	DESCRIPTION	AMOUNT
#11	30-Jul-16	Verizon	Cell Phone - Karen Bailey	55.00
#12	30-Jul-16	Verizon	Cell Phone - Robert Mayo	55.00
#13	30-Jul-16	Verizon	Des Moines Office Phone	128.23
#14	30-Jul-16	Verizon	Newton Office Phone	45.00
			TOTALS:	283.23

Benefits Summary | Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising

Ready

Claims Documentation Advertising and Supplies

- **Advertising**:
  - Paid receipts or invoices
  - Date of services
  - Include # of ads, brochures, etc.

- **Supplies**:
  - Vendor receipts or invoices (detailed)
  - Statements are not acceptable

Advertising

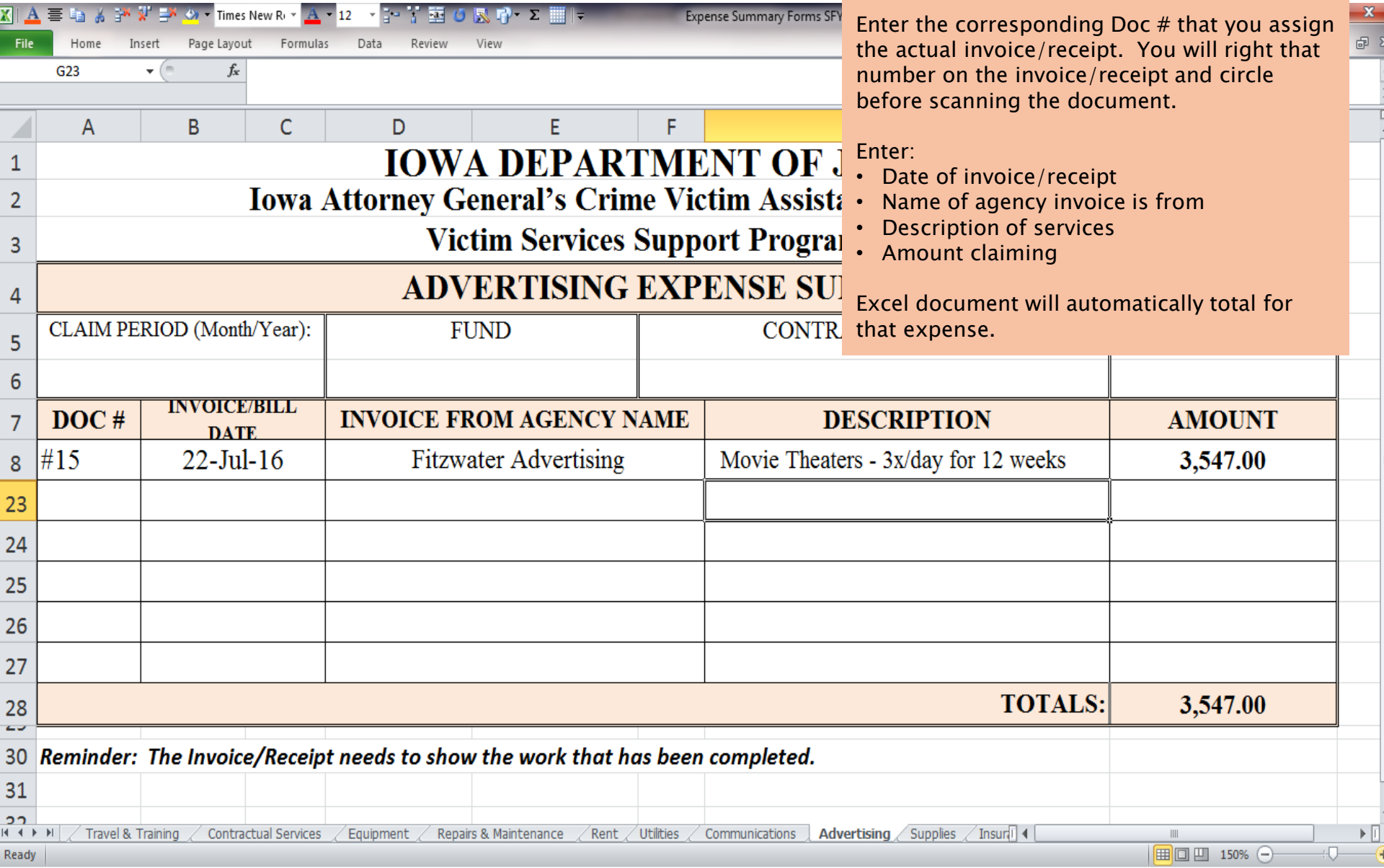
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter:
- Date of invoice/receipt
- Name of agency invoice is from
- Description of services
- Amount claiming

Excel document will automatically total for that expense.



Expense Summary Forms SFY

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Iowa Attorney General's Crime Victim Assista

Victim Services Support Prograr

ADVERTISING EXPENSE SU

CLAIM PERIOD (Month/Year):	FUND	CONTR

DOC #	INVOICE/BILL DATE	INVOICE FROM AGENCY NAME	DESCRIPTION	AMOUNT
#15	22-Jul-16	Fitzwater Advertising	Movie Theaters - 3x/day for 12 weeks	3,547.00
			TOTALS:	3,547.00

Reminder: The Invoice/Receipt needs to show the work that has been completed.

Travel & Training | Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising | Supplies | Insur

Ready 150%

Supplies

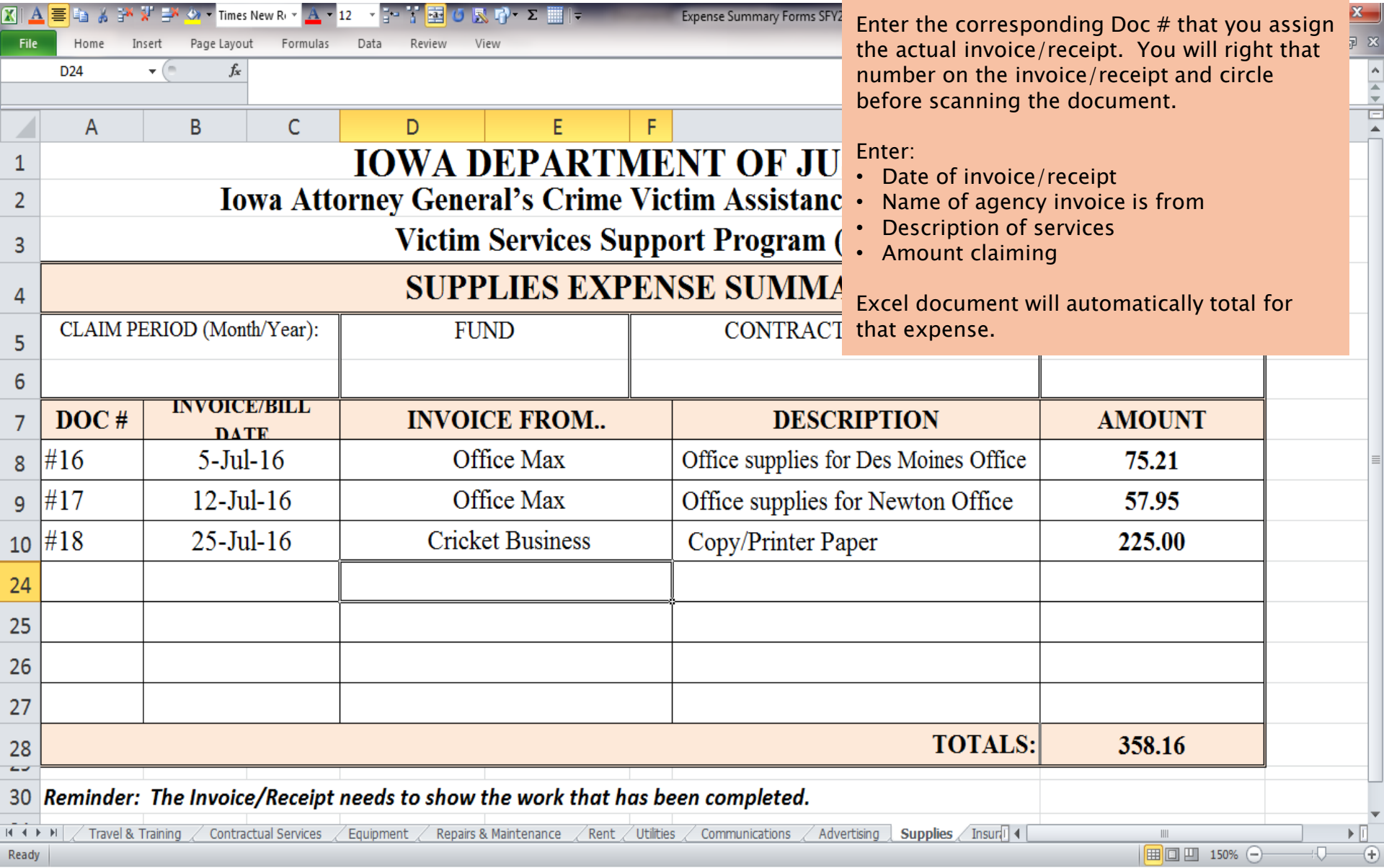
Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter:
- Date of invoice/receipt
- Name of agency invoice is from
- Description of services
- Amount claiming

Excel document will automatically total for that expense.



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Iowa Attorney General's Crime Victim Assistanc

Victim Services Support Program (

SUPPLIES EXPENSE SUMMA

CLAIM PERIOD (Month/Year):	FUND	CONTRACT	

DOC #	INVOICE/BILL DATE	INVOICE FROM..	DESCRIPTION	AMOUNT
#16	5-Jul-16	Office Max	Office supplies for Des Moines Office	75.21
#17	12-Jul-16	Office Max	Office supplies for Newton Office	57.95
#18	25-Jul-16	Cricket Business	Copy/Printer Paper	225.00
			TOTALS:	358.16

Reminder: The Invoice/Receipt needs to show the work that has been completed.

Claims Documentation Insurance & Other Expenses

Insurance:

- Insurance premium statements or installment billings
- Health insurance does not go here but under "Benefits #1" or "Benefits #2"

Other Expenses –

- Invoice or receipts depicting:
  - Date of Services,
  - Description of services
  - Amount of Services
- Rare that something would be classified under "Other Expenses". Check with your VSS contact before putting something in this section.
- Volunteer match may be included in Other Expenses

Insurance

Enter Claim Period, Agency Name and City of Agency.

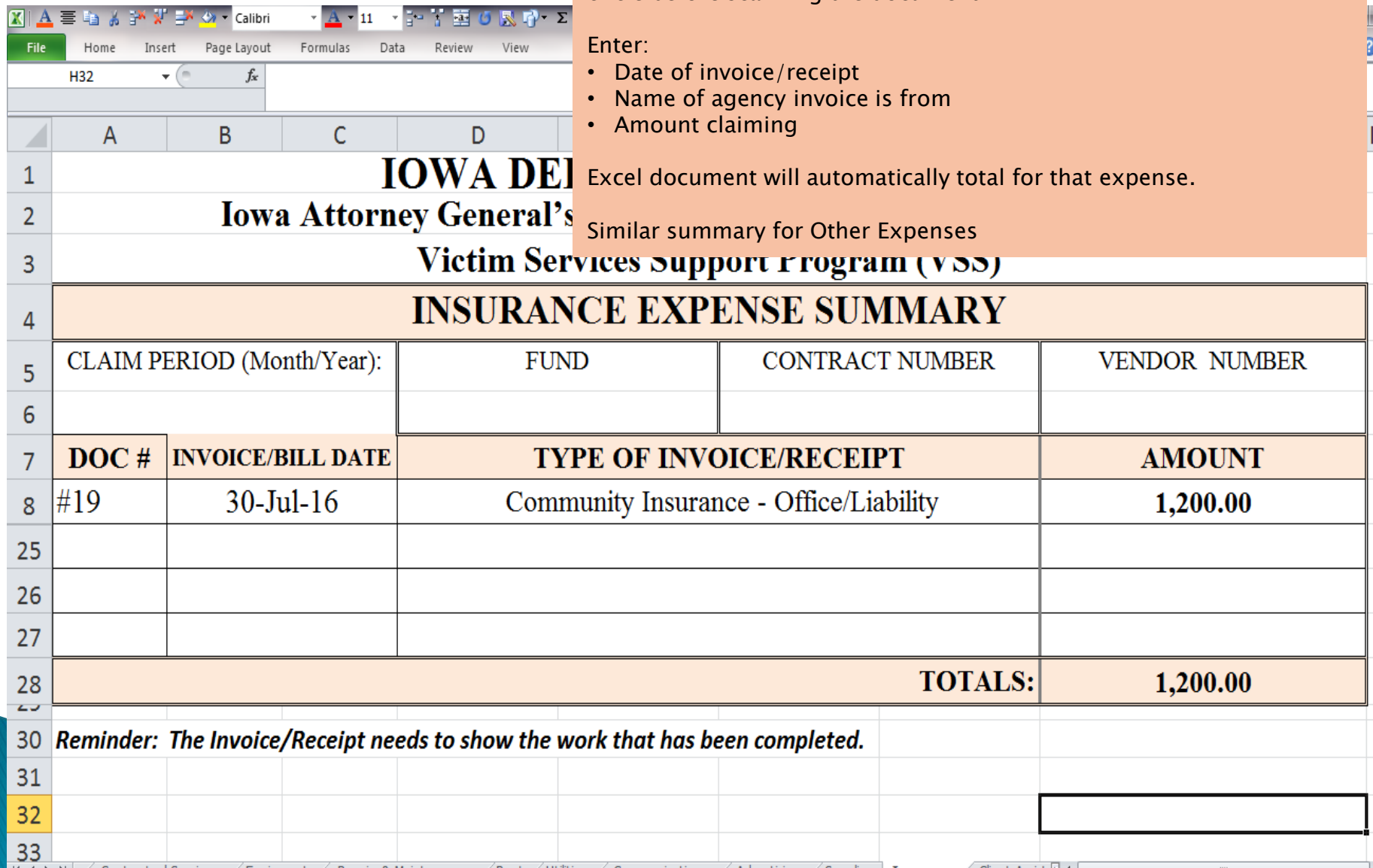
Vendor Number – Number assigned by the State of Iowa

Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter:
- Date of invoice/receipt
- Name of agency invoice is from
- Amount claiming

Excel document will automatically total for that expense.

Similar summary for Other Expenses



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IOWA DEP
Iowa Attorney General's
Victim Services Support Program (VSS)

INSURANCE EXPENSE SUMMARY

CLAIM PERIOD (Month/Year):	FUND	CONTRACT NUMBER	VENDOR NUMBER

DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT	AMOUNT
#19	30-Jul-16	Community Insurance - Office/Liability	1,200.00
		TOTALS:	1,200.00

Reminder: The Invoice/Receipt needs to show the work that has been completed.

Contractual Services | Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising | Supplies | Insurance | Client Assist

Claims Documentation Indirect Costs/Expense

- **Indirect Costs/Expenses** –
  - No Documentation is needed at this point.
  - Must have documentation on hand in case requested by VSS or Federal Government.
  - On the claim form in IowaGrants.Gov you will provide:
    - Indirect cost percentage,
    - Description a brief description on the costs to be included and
    - Amount requested for reimbursement in the "Amount Requested" column.

Claims Documentation
Client Assistance

Vendor receipts or invoices with description of item(s), date and amount.

Cancelled checks or paid itemized receipts.

Rent Assistance: Check copy and Signed receipt/invoice from landlord/vendor

Write “emergency shelter” on receipt
Write “emergency food/essentials” on receipt
Write “emergency client needs” on receipt

Client Assistance

Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

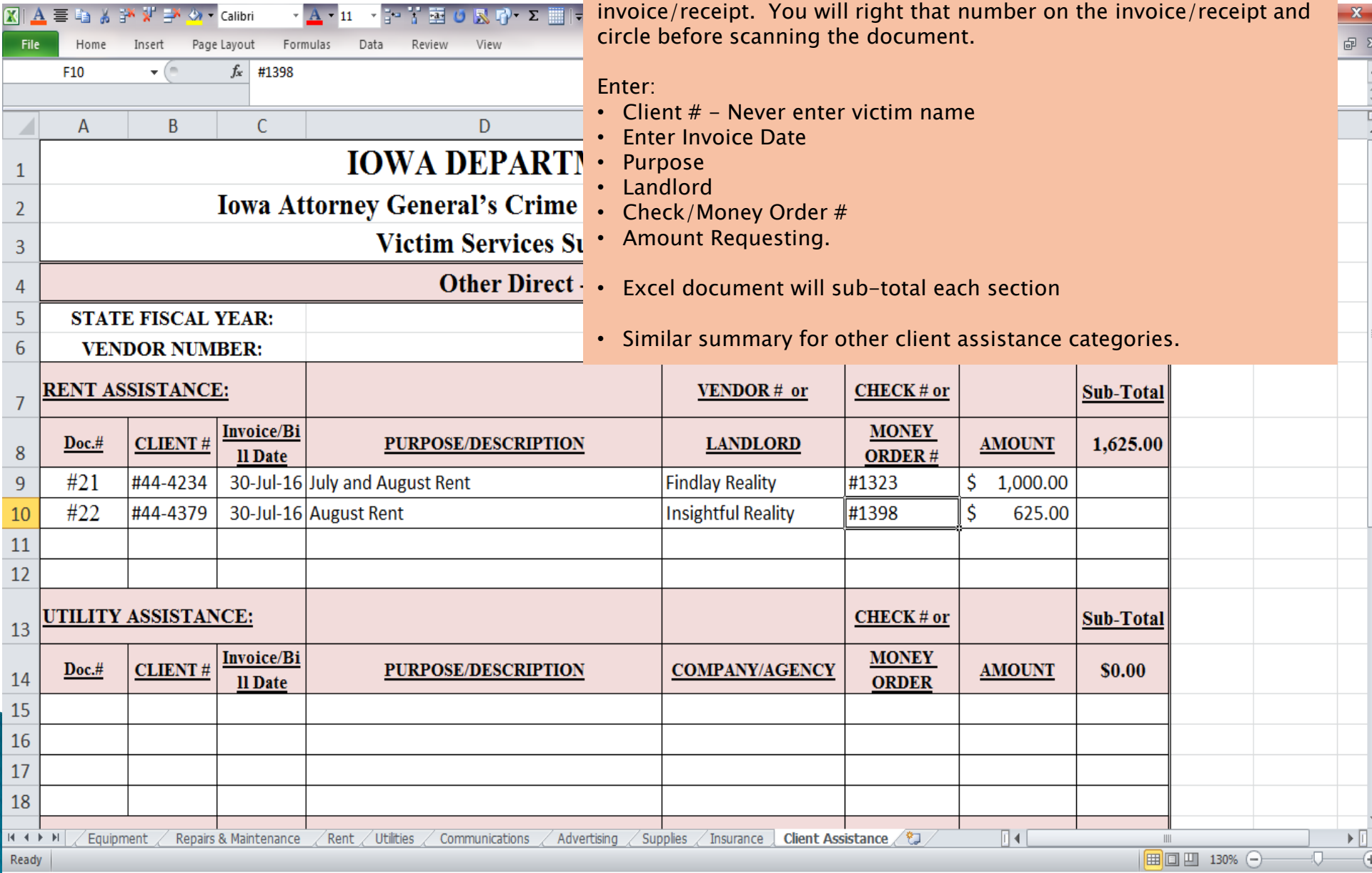
Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

Enter:

- Client # – Never enter victim name
- Enter Invoice Date
- Purpose
- Landlord
- Check/Money Order #
- Amount Requesting.

- Excel document will sub-total each section

- Similar summary for other client assistance categories.



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	A	B	C	D	E	F	G
1				IOWA DEPART			
2				Iowa Attorney General's Crime			
3				Victim Services Su			
4				Other Direct -			
5	STATE FISCAL YEAR:						
6	VENDOR NUMBER:						
7	RENT ASSISTANCE:				VENDOR # or	CHECK # or		Sub-Total
8	Doc.#	CLIENT #	Invoice/Bill Date	PURPOSE/DESCRIPTION	LANDLORD	MONEY ORDER #	AMOUNT	1,625.00
9	#21	#44-4234	30-Jul-16	July and August Rent	Findlay Reality	#1323	$ 1,000.00	
10	#22	#44-4379	30-Jul-16	August Rent	Insightful Reality	#1398	$ 625.00	
11								
12								
13	UTILITY ASSISTANCE:					CHECK # or		Sub-Total
14	Doc.#	CLIENT #	Invoice/Bill Date	PURPOSE/DESCRIPTION	COMPANY/AGENCY	MONEY ORDER	AMOUNT	$0.00
15								
16								
17								
18								

Equipment | Repairs & Maintenance | Rent | Utilities | Communications | Advertising | Supplies | Insurance | Client Assistance

Ready 130%

Claims Documentation
Match Documentation

- Please attach a summary and match documentation.
- Write how much you are claiming from the attached invoice.
- Volunteer hours being used as Match can also be shown in “Other Expenses” section. Volunteer documentation should include:
  - Date volunteered
  - Volunteer name
  - Volunteer hours
  - Volunteer rate (average staff hourly rate from Payroll #1)
  - Description of activity

VSS Staff Contact Information

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CVAD Office Toll-Free Line: 1-800-373-5044
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