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

**IOWA DEPARTMENT OF JUSTICE**

**Iowa Attorney General’s Crime Victim Assistance**

**Victim Services Support Program**

#### BENEFITS SUMMARY FOR CLAIM REIMBURSEMENT

<table>
<thead>
<tr>
<th>CLAIM PERIOD (Month/Year):</th>
<th>VENDOR (AGENCY) NAME:</th>
<th>CITY</th>
<th>VENDOR NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-16</td>
<td>Smithville Elder Association</td>
<td>Smithville</td>
<td>123456789</td>
</tr>
</tbody>
</table>

#### Employee Details

<table>
<thead>
<tr>
<th>Employee</th>
<th>Title</th>
<th>Direct Service %</th>
<th>Gross Wages</th>
<th>Total Benefits Claimed</th>
<th>FICA 7.65%</th>
<th>WC ____%</th>
<th>Health Insurance</th>
<th>Dental Insurance</th>
<th>Retirement (3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Phillips</td>
<td>Elder Abuse Supervisor</td>
<td>80%</td>
<td>$2,700</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Karen Bailey</td>
<td>Elder Abuse Advocate</td>
<td>100%</td>
<td>$2,200</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Robert Mayo</td>
<td>Elder Abuse Advocate</td>
<td>100%</td>
<td>$2,200</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

| 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.
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](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
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
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 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

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**Iowa Attorney General’s Crime Victim Assistance Division**

<table>
<thead>
<tr>
<th>STATE FISCAL YEAR</th>
<th>Staff Mileage Payment Form</th>
<th>CLAIM PERIOD (Month/Year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVOCATE/STAFF NAME &amp; TITLE</td>
<td>TIME PERIOD (MONTH/YEAR):</td>
<td></td>
</tr>
</tbody>
</table>

| VENDOR (AGENCY) NAME: |

<table>
<thead>
<tr>
<th>DAY</th>
<th>START TIME</th>
<th>END TIME</th>
<th>PURPOSE</th>
<th>LOCATION (TO/FROM)</th>
<th>TOTAL MILES</th>
<th>MILEAGE CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>8:00 AM</td>
<td>4:00 PM</td>
<td>Meet Client at Court</td>
<td>DSM Office to Jasper County Courthouse</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>10:00 AM</td>
<td>12:00 PM</td>
<td>Meet Client</td>
<td>DSM Office to Newton Library</td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

**TOTALES:** 210

<table>
<thead>
<tr>
<th>Travel Total</th>
<th>$81.90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Paid with Non-VSS Funds</td>
<td></td>
</tr>
</tbody>
</table>

**Claimant’s 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.

**Agency Certification**

I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE</th>
<th>DATE</th>
<th>TITLE</th>
</tr>
</thead>
</table>
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
## Iowa Department of Justice

### Iowa Attorney General’s Crime Victim Assistance Division

### Out of State Travel Form & In-State Training

<table>
<thead>
<tr>
<th>STATE FISCAL YEAR</th>
<th>CLAIM PERIOD (Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY2017</td>
<td>Jul-16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADVOCATE/STAFF NAME &amp; TITLE</th>
<th>TIME PERIOD (MONTH/YEAR)</th>
<th>VENDOR (AGENCY) NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miranda Jordan, Other Violent Crime Advocate</td>
<td>Jul-16</td>
<td>Smithville Other Violence Crime Program</td>
</tr>
</tbody>
</table>

### Day 24
- **Start Time:** 8:00 AM
- **End Time:**
- **Purpose:** Stalking Conference
- **Location (To/From):** Des Moines to Washington DC
- **Miles:** 7.52
- **Mileage:** 18.93
- **Actual Meals:** B 7.52, L 18.93, D 26.45
- **Reimbursable Meals:** B 7.52, L 18.93, D 26.45
- **Reimbursable Meals Totals:** 51.90
- **Lodging:** 125.5
- **Other Items:** A = $554

### Day 25
- **Start Time:** 8:00 AM
- **End Time:**
- **Purpose:** Stalking Conference
- **Location:** Washington DC
- **Miles:** 4.5
- **Mileage:** 8
- **Actual Meals:** B 4.5, L 8, D 27.96
- **Reimbursable Meals:** B 4.5, L 8, D 27.96
- **Reimbursable Meals Totals:** 40.46
- **Lodging:** 125.5
- **Other Items:** C = 25

### Day 26
- **Start Time:** 8:00 AM
- **End Time:**
- **Purpose:** Stalking Conference
- **Location:** Washington DC to Des Moines
- **Miles:** 7.8
- **Mileage:** 10
- **Actual Meals:** B 7.8, L 10, D 17.8
- **Reimbursable Meals:** B 7.8, L 10, D 17.8
- **Reimbursable Meals Totals:** 45.4
- **Lodging:** 125.5
- **Other Items:** C = 25

### Totals:
- **Total Actual Meals:** $84.71
- **Total Mileage Charge:** $151.00
- **Lodging:** $604
- **Travel Total:** $839.71
- **Amount Paid with Non-VSS Funds:**
- **Claimant’s Certification:**
- **Agency Certification:**

### Other Travel Items:

- A - Air; B - Bus/Cab/ Shuttle; P - Parking; R - Registration;
- L - Luggage; T - Tolls; O - Other (Explanation):

- Reimbursement Requested: $839.71

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**CLAIMANT’S CERTIFICATION**

I certify that the items for which payment/reimbursement is claimed were furnished for business as required by this Travel/Agency and that the above expenses are reasonable, necessary, and properly paid for.

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**AGENCY CERTIFICATION**

I certify that the above expenses are reasonable, necessary, and properly paid for.

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Page 1 of Travel Form Final.xls
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:**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>MILES DRIVEN &amp; CHARGE</th>
<th>REASON FOR MILES/TRAVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Miles</td>
<td>Mileage Charge</td>
</tr>
<tr>
<td></td>
<td>Transporting Client</td>
<td>Meeting Client</td>
</tr>
<tr>
<td></td>
<td>Other: Explain</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Mileage Rate = State Rate of $0.39/mile**

**Total Miles/Charge:** 0 $ - **Total Amount Claimed:**

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**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 than 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

#### MEAL REIMBURSEMENT

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
<th>O</th>
<th>P</th>
<th>Q</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td><strong>Employee Name:</strong></td>
<td></td>
<td></td>
<td><strong>Date:</strong></td>
<td></td>
<td></td>
<td><strong>Daily Total for Actual Meals:</strong></td>
<td></td>
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<td></td>
<td><strong>Daily Total for Reimbursable Meals:</strong></td>
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<table>
<thead>
<tr>
<th>A</th>
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<th>M</th>
<th>N</th>
<th>O</th>
<th>P</th>
<th>Q</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Breakfast</td>
<td>Lunch</td>
<td>Supper/Dinner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<th>G</th>
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<th>Q</th>
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</tr>
</tbody>
</table>
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
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 write 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.

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>TYPE OF INVOICE/RECEIPT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>30-Jul-16</td>
<td>Therapists Unlimited</td>
<td>1,200.00</td>
</tr>
</tbody>
</table>

Reminder: The invoice/receipt needs to show the work that has been completed.

Reminder: If you have a contract that you are utilizing, please provide that as well.

For example: If you are contracting with a therapist to provide therapy, please provide the contract with the claim.
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 write 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.

## EQUIPMENT EXPENSE SUMMARY

<table>
<thead>
<tr>
<th>CLAIM PERIOD (Month/Year):</th>
<th>FUND</th>
<th>CONTRACT NUMBER</th>
<th>VENDOR NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>TYPE OF INVOICE/RECEIPT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2</td>
<td>15-Jul-16</td>
<td>Office Max - Laptop, Printer and Cell Phone</td>
<td>$1,400</td>
</tr>
</tbody>
</table>

|                   |                   |
|                   |                   |

|                   |                   |
|                   |                   |

**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**

**Victim Services Support Program (VSSP)**

<table>
<thead>
<tr>
<th>CLAIM PERIOD (Month/Year):</th>
<th>FUND</th>
<th>CONTRACT NUM</th>
</tr>
</thead>
</table>

**REPAIRS & MAINTENANCE EXPENSE**

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>TYPE OF INVOICE/RECEIPT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3</td>
<td>23-Jul-16</td>
<td>Lawn Mowing Experts</td>
<td>50.00</td>
</tr>
</tbody>
</table>

**Totals:** 50.00

---

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 write 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.
**Rent Summary**

**Victim Services Support Program**

**RENT EXPENSE SUMMARY**

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>LANDLORD NAME</th>
<th>OFFICE LOCATION (CITY)</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6</td>
<td>30-Jul-16</td>
<td>Leasing Building Unlimited</td>
<td>Des Moines</td>
<td>1,200.00</td>
</tr>
<tr>
<td>#7</td>
<td>30-Jul-16</td>
<td>All American Leasing</td>
<td>Newton</td>
<td>500.00</td>
</tr>
</tbody>
</table>

**Totals:** 1,700.00

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

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>TYPE OF INVOICE/RECEIPT</th>
<th>OFFICE LOCATION (CITY)</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#8</td>
<td>30-Jul-16</td>
<td>MidAmerican</td>
<td>Des Moines</td>
<td>354.44</td>
</tr>
<tr>
<td>#9</td>
<td>30-Jul-16</td>
<td>Alliant Energy</td>
<td>Newton</td>
<td>55.23</td>
</tr>
<tr>
<td>#10</td>
<td>30-Jul-16</td>
<td>Everything Gas</td>
<td>Newton</td>
<td>25.33</td>
</tr>
</tbody>
</table>

TOTALS: 435.00

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

## Communications Expense Summary Table

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>TYPE OF INVOICE/RECEIPT</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#11</td>
<td>30-Jul-16</td>
<td>Verizon</td>
<td>Cell Phone - Karen Bailey</td>
<td>55.00</td>
</tr>
<tr>
<td>#12</td>
<td>30-Jul-16</td>
<td>Verizon</td>
<td>Cell Phone - Robert Mayo</td>
<td>55.00</td>
</tr>
<tr>
<td>#13</td>
<td>30-Jul-16</td>
<td>Verizon</td>
<td>Des Moines Office Phone</td>
<td>128.23</td>
</tr>
<tr>
<td>#14</td>
<td>30-Jul-16</td>
<td>Verizon</td>
<td>Newton Office Phone</td>
<td>45.00</td>
</tr>
</tbody>
</table>

**TOTALS:** 283.23
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
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.

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>INVOICE FROM AGENCY NAME</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#15</td>
<td>22-Jul-16</td>
<td>Fitzwater Advertising</td>
<td>Movie Theaters - 3x/day for 12 weeks</td>
<td>3,547.00</td>
</tr>
</tbody>
</table>

TOTALS: 3,547.00

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

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>INVOICE FROM.</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#16</td>
<td>5-Jul-16</td>
<td>Office Max</td>
<td>Office supplies for Des Moines Office</td>
<td>75.21</td>
</tr>
<tr>
<td>#17</td>
<td>12-Jul-16</td>
<td>Office Max</td>
<td>Office supplies for Newton Office</td>
<td>57.95</td>
</tr>
<tr>
<td>#18</td>
<td>25-Jul-16</td>
<td>Cricket Business</td>
<td>Copy/Printer Paper</td>
<td>225.00</td>
</tr>
</tbody>
</table>

**TOTALS:** 358.16

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

<table>
<thead>
<tr>
<th>CLAIM PERIOD (Month/Year):</th>
<th>FUND</th>
<th>CONTRACT NUMBER</th>
<th>VENDOR NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOC #</th>
<th>INVOICE/BILL DATE</th>
<th>TYPE OF INVOICE/RECEIPT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#19</td>
<td>30-Jul-16</td>
<td>Community Insurance - Office/Liability</td>
<td>1,200.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTALS: | |
|---------| |
| 1,200.00 | 

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

<table>
<thead>
<tr>
<th>Doc.#</th>
<th>CLIENT #</th>
<th>Invoice/Bill Date</th>
<th>PURPOSE/DESCRIPTION</th>
<th>VENDOR # or</th>
<th>CHECK # or</th>
<th>MONEY ORDER #</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#21</td>
<td>#44-4234</td>
<td>30-Jul-16</td>
<td>July and August Rent</td>
<td>Findlay Reality</td>
<td>#1323</td>
<td></td>
<td>$1,000.00</td>
</tr>
<tr>
<td>#22</td>
<td>#44-4379</td>
<td>30-Jul-16</td>
<td>August Rent</td>
<td>Insightful Reality</td>
<td>#1398</td>
<td></td>
<td>$ 625.00</td>
</tr>
</tbody>
</table>

**Utility Assistance:**

<table>
<thead>
<tr>
<th>Doc.#</th>
<th>CLIENT #</th>
<th>Invoice/Bill Date</th>
<th>PURPOSE/DESCRIPTION</th>
<th>COMPANY/AGENCY</th>
<th>MONEY ORDER</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|       |           |                   |                           |                |             | $0.00    |

Excel document will sub-total each section.
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

Donna Phillips
Victim Service Support Administrator
515–242–5121
donna.phillips@iowa.gov

Luana Nelson–Brown
Community Specialist
515–242–6112
luana.nelson-brown@iowa.gov

Shirley Davis
Community Specialist
515–281–0563
shirley.davis@iowa.gov

Becky Garcia
Community Specialist
515–281–5206
Rebecca.Garcia@iowa.gov

Natalie Scarpino
Community Specialist
515–281–7215
Natalie.Scarpino@iowa.gov

CVAD Office Main Line: 1–515–281–5044
CVAD Office Toll–Free Line: 1–800–373–5044
CVAD Fax Line: 1–515–281–8199