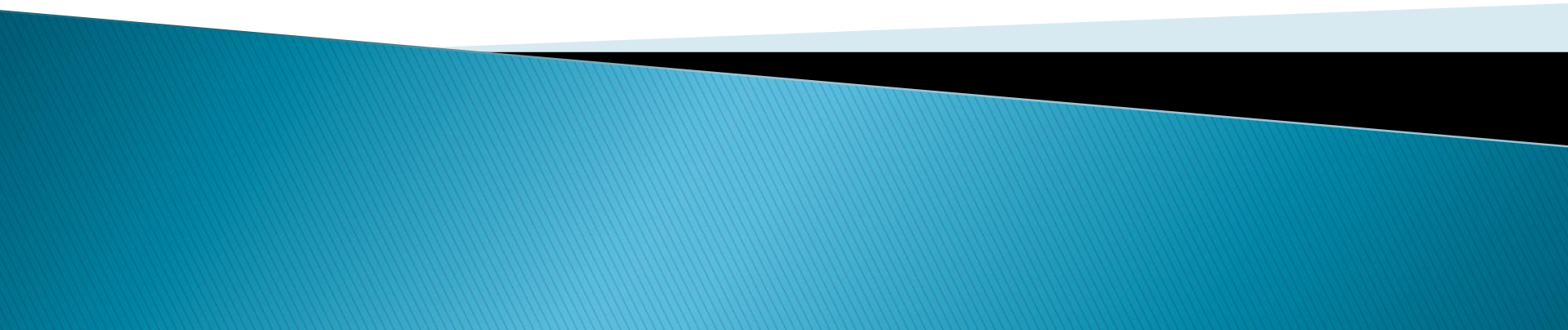
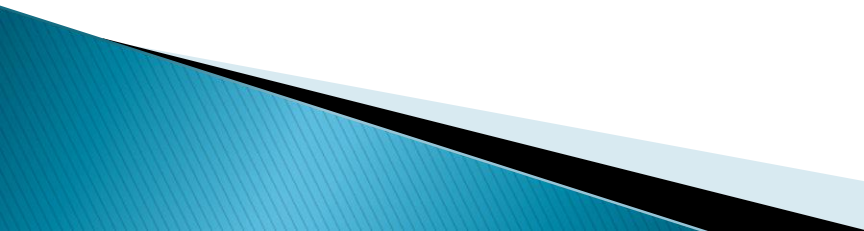


# Claims For Reimbursement for New Initiatives

By Donna Phillips



# Claims for Reimbursement

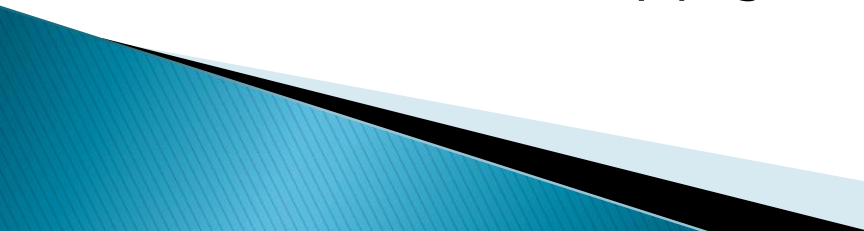
- ▶ Victim Service Program must submit claims for reimbursement on a monthly basis in IowaGrants.Gov
    - The VSS Administrator and CVAD Director can allow other submission with good cause.
  - ▶ Claims are due at the end of month following the expended period. For example, monthly claims for expenditures 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.
- 

# Payroll Summary – Required

Please add each staff claiming for reimbursement on each line completing each column. List how much you are requesting by each type of program in the DAC column, SAC column, SH column and HP/OVC column. You can change column header to reflect new initiative projects funded through the VSS Program

[illegible]

# Benefits Summary

Expense Summary Forms SFY2

File Home Insert Page Layout Formulas Data Review View

C21 fx

A B C D E F G H

1

2

3

4

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Ready

Benefits Summary

Travel & Training

Contractual Services

Equipment

Repairs & Maintenance

Rent

Utilities

Communications

Advertising

## IOWA DEPARTMENT OF JUSTICE

### Iowa Attorney General's Crime Victim Assistance

### Victim Services Support Program

### BENEFITS SUMMARY FOR CLAIM REIMBURSEMENT

CLAIM PERIOD (Month/Year):

Jul-16

VENDOR (AGENCY) NAME:

Smithville Elder Association

CITY

Smithville

VENDOR NUMBER

123456789

Direct  
Service  
%

Gross  
Wages

Total  
Benefits  
Claimed

FICA  
7.65%

WC  
\_\_\_\_%

Health  
Insurance

Dental  
Insurance

Retirement  
(3%)

Employee

Title

Donna Phillips

Elder Abuse Supervisor

80%

\$2,700

\$0

\$0

\$0

\$0

\$0

\$0

Karen Bailey

Elder Abuse Advocate

100%

\$2,200

\$0

\$0

\$0

\$0

\$0

\$0

Robert Mayo

Elder Abuse Advocate

100%

\$2,200

\$0

\$0

\$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.

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.

# 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



# 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

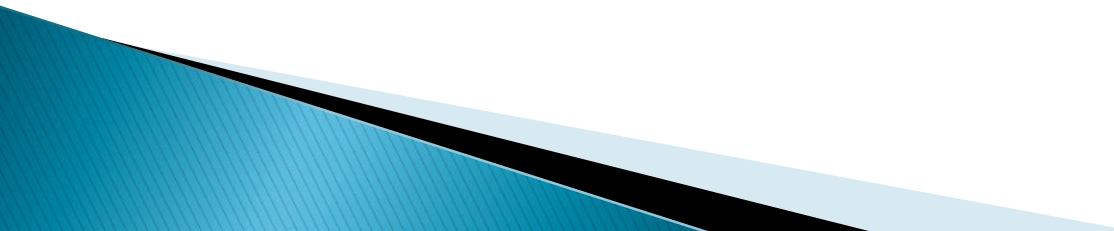
- ▶ Form used to track staff mileage during the course of their job duties/responsibilities, such as but not limited to:
  - Travel to meetings
  - Travel to meet a client for services
  - Travel to court or other facility to meet with client
  - Travel to conduct presentations & trainings
  - Travel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

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 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
- 

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A B C D E F G H I J K L M N O P Q R S T U

**IOWA DEPARTMENT OF JUSTICE**  
**Iowa Attorney General's Crime Victim Assistance Division**

Page:    of   

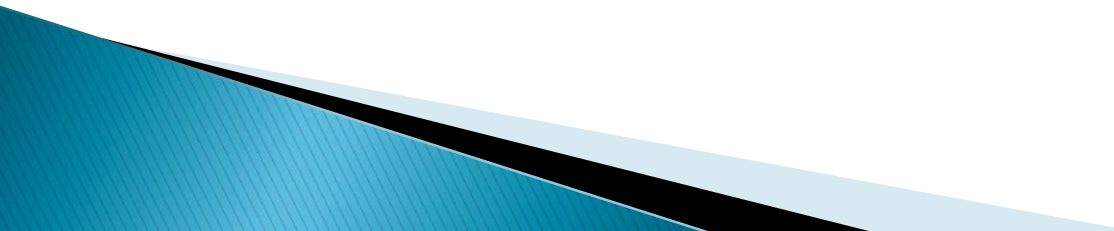
STATE FISCAL YEAR  SFY2017	<b>Out of State Travel Form &amp; In-State Training</b>	CLAIM PERIOD (Month/Year):  Jul-16
ADVOCATE/STAFF NAME & TITLE  Miranda Jordan, Other Violent Crime Advocate		TIME PERIOD (MONTH/YEAR): Jul-16
		VENDOR (AGENCY) NAME: Smithville Other Violence Crime Program

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	ACTUAL MEALS			MEAL TOTALS	REIMBURSEABLE MEALS			MEAL TOTALS	LODGING	OTHER ITEMS
							B	L	D		B	L	D			
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
<b>TOTALS:</b>							TOTAL ACTUAL MEALS:				TOTALS:			\$ 84.71	\$ 151.00	604

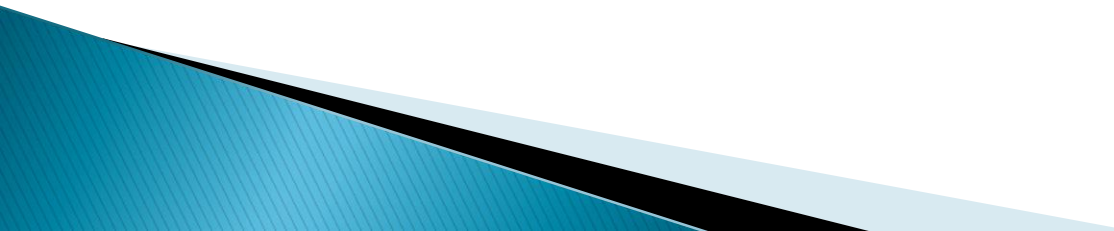
<b>Other Travel Items:</b>	<b>Travel Total:</b> 839.71
A- Air; B-Bus/Cab/Shuttle; P-Parking; R-Registration;	<b>Amount Paid with Non-VSS Funds:</b> -
L - Luggage; T-Tolls; O-Other (Explanation):	<b>Reimbursement Requested:</b> 839.71

<b>CLAIMANT'S CERTIFICATION</b>	<b>AGENCY CERTIFICATION</b>
I certify that the items for which payment/reimbursement is claimed were furnished for business as	I certify that the above expenses are incurred and the amounts are correct and should be paid from the

# 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.
- 



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	A	B	C	D	E	F	G	H	I	J	K	L	M
1	VEHICLE MILEAGE FORM												
2				MONTH:		YEAR:			VEHICLE:			Page	of
4							MILES DRIVEN & CHARGE		REASON FOR MILES/TRAVEL				
5		Start	End	LOCATION			Total	Mileage	Transporting	Meeting	Other:		
6	Day	Time	Time	From	To		Miles	Charge	Client	Client	Explain		
7													
8													
32													
33													
34													
35	Mileage Rate = State Rate of \$0.39/mile				Total Miles/Charge:		0	\$	-	Total Amount Claimed:			
36													
38	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												
40	DATE				TITLE			AUTHORIZED SIGNATURE					
41													
44													
45													
46													
47													

Vehicle Mileage FormSheet2Sheet3

Ready

120%

# 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 Form.xlsx - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

G8

MEAL REIMBURSEMENT

1																
2																
3	Employee Name:				Date:				Daily Total for Actual Meals:							
4																
5	Title:								Daily Total for Reimbursable Meals:							
6																
7																
8																
9																
10																
11	Breakfast				Lunch				Supper/Dinner							
12																
13																
14																
15																
16																
17																
18																
19																
20																
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22																
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24																
25																

Sheet1 Sheet2 Sheet3

Ready

120%


# 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

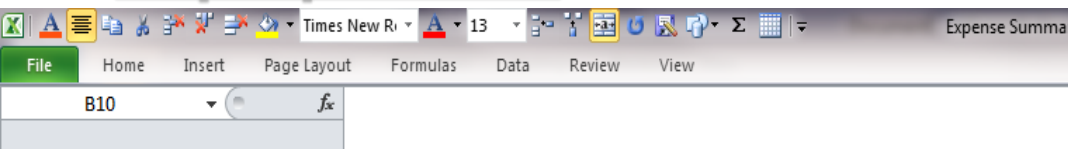
Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

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

Excel document will automatically total for that expense.

Victim Services Support Program (VSS)				
CONTRACTUAL EXPENSES SUMMARY				
CLAIM PERIOD (Month/Year):		FUND	CONTRACT NUMBER	
DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT		AMOUNT
#1	30-Jul-16	Therapists Unlimited		1,200.00
TOTALS:				1,200.00
<p><i>Reminder: The Invoice/Receipt needs to show the work that has been completed.</i></p> <p><i>Reminder: If you have a contract that you are utilizing, please provide that as well.</i></p> <p><i>For example: If you are contracting with a therapist to provide therapy, please provide the contract with the claim.</i></p>				

# Equipment



## IOWA DEPARTMENT OF Iowa Attorney General's Crime Victim Victim Services Support

EQUIPMENT EXPENSE SUMMARY			
CLAIM PERIOD (Month/Year):		FUND	CONTRACT 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

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.

# 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.

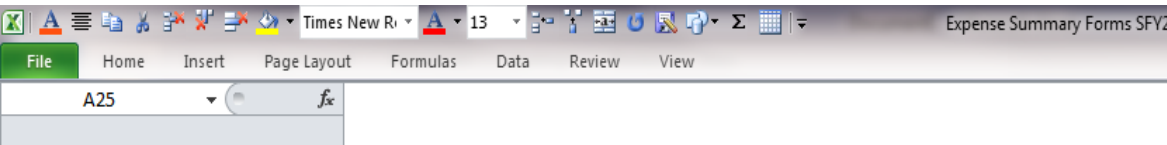
Enter the date of invoice/receipt and type of invoice/receipt and the amount you are claiming.

Excel document will automatically total for that expense.

Expense Summary Forms SFY2			
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A19 fx			
	A	B	C
3	Victim Services Support Program (V		
4	REPAIRS & MAINTENANCE EXPENSE		
5	CLAIM PERIOD (Month/Year):	FUND	CONTRACT NUM
6			
7	DOC #	INVOICE/BILL DATE	TYPE OF INVOICE/RECEIPT
8	#3	23-Jul-16	Lawn Mowing Experts
19			
20			
21			
22			
23			
24			
25			
26			
27			
28	TOTALS:		50.00

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

# Rent Summary



	A	B	C	D	E	F
3	Victim Services Support Program					
4	RENT EXPENSE SUMMARY					
5	CLAIM PERIOD (Month/Year):		VENDOR (AGENCY) NAME		VENDOR CITY	
6	Jul-16		Smithville Elder Assoc.		Smithville	
7						
8	DOC #	INVOICE/BILL DATE	LANDLORD NAME			
9	#6	30-Jul-16	Leasing Building Unlimited			
24	#7	30-Jul-16	All American Leasing			
25						
26						
27						
28						
29						

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

32

Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

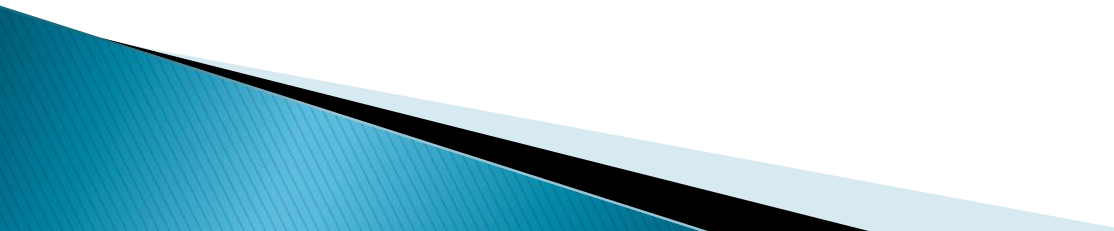
Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

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.

# 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

Expense Summary Forms SFY2016

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A B C D E F

**IOWA DEPARTMENT OF JUSTICE**

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

**Victim Services Support Program (VSSP)**

**UTILITIES EXPENSE SUMMARY**

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

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.

# 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.

	A	B	C	D	E	F
1	<b>IOWA DEPARTMENT OF JUSTICE</b>					
2	<b>Iowa Attorney General's Crime Victim Assistance Program</b>					
3	<b>Victim Services Support Program</b>					
4	<b>COMMUNICATIONS EXPENSE SUMMARY</b>					
5	CLAIM PERIOD (Month/Year):		FUND		CONTRACT	
6						
7	<b>DOC #</b>	<b>INVOICE/BILL DATE</b>	<b>TYPE OF INVOICE/RECEIPT</b>		<b>DESCRIPTION</b>	<b>AMOUNT</b>
8	#11	30-Jul-16	Verizon		Cell Phone - Karen Bailey	55.00
9	#12	30-Jul-16	Verizon		Cell Phone - Robert Mayo	55.00
10	#13	30-Jul-16	Verizon		Des Moines Office Phone	128.23
11	#14	30-Jul-16	Verizon		Newton Office Phone	45.00
23						
26						
27						
28	<b>TOTALS:</b>					<b>283.23</b>
30						

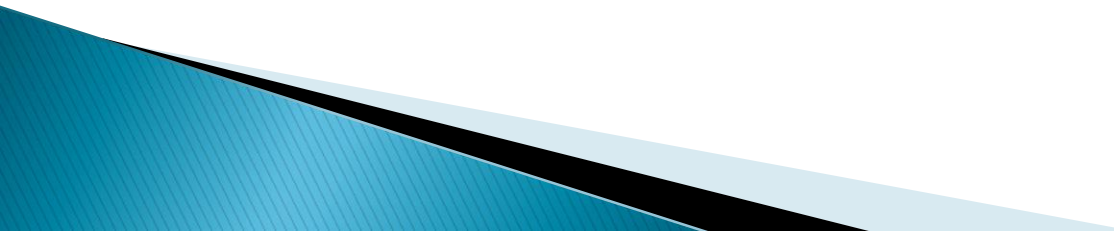
# Claims Documentation

## 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

Expense Summary Forms SFY

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	A	B	C	D	E	F
1	<b>IOWA DEPARTMENT OF J</b>					
2	<b>Iowa Attorney General's Crime Victim Assistance</b>					
3	<b>Victim Services Support Program</b>					
4	<b>ADVERTISING EXPENSE SUMMARY</b>					
5	CLAIM PERIOD (Month/Year):		FUND		CONTRACT #	
6						
7	<b>DOC #</b>	<b>INVOICE/BILL DATE</b>	<b>INVOICE FROM AGENCY NAME</b>		<b>DESCRIPTION</b>	<b>AMOUNT</b>
8	#15	22-Jul-16	Fitzwater Advertising		Movie Theaters - 3x/day for 12 weeks	3,547.00
23						
24						
25						
26						
27						
28	<b>TOTALS:</b>					<b>3,547.00</b>

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

31

32

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.

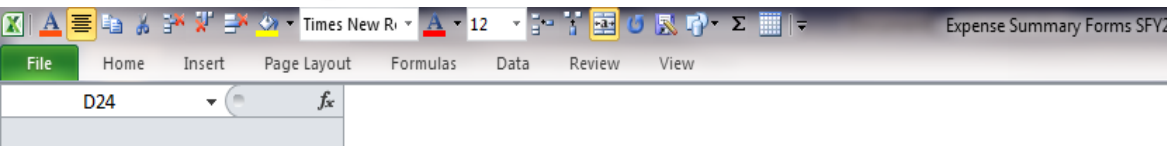
Enter:

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

Excel document will automatically total for that expense.



# Supplies



	A	B	C	D	E	F
1	<b>IOWA DEPARTMENT OF JUSTICE</b>					
2	<b>Iowa Attorney General's Crime Victim Assistance</b>					
3	<b>Victim Services Support Program (VSSSP)</b>					
4	<b>SUPPLIES EXPENSE SUMMARY</b>					
5	CLAIM PERIOD (Month/Year):			FUND	CONTRACT	
6						
7	<b>DOC #</b>	<b>INVOICE/BILL DATE</b>	<b>INVOICE FROM..</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>	
8	#16	5-Jul-16	Office Max	Office supplies for Des Moines Office	75.21	
9	#17	12-Jul-16	Office Max	Office supplies for Newton Office	57.95	
10	#18	25-Jul-16	Cricket Business	Copy/Printer Paper	225.00	
24						
25						
26						
27						
28	<b>TOTALS:</b>				<b>358.16</b>	

30 **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.

# Claims Documentation

## Insurance & Other Expenses

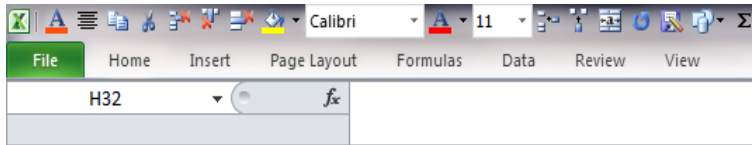
### Insurance:

- ▶ 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



1 **IOWA DE**

2 **Iowa Attorney General's**

3 **Victim Services Support Program (VSS)**

4 **INSURANCE EXPENSE SUMMARY**

5 CLAIM PERIOD (Month/Year):

6 FUND

7 CONTRACT NUMBER

8 VENDOR NUMBER

9 DOC # INVOICE/BILL DATE

10 TYPE OF INVOICE/RECEIPT

11 AMOUNT

12 #19 30-Jul-16

13 Community Insurance - Office/Liability

14 1,200.00

15

16

17

18

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

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

31

32

33

# 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

IOWA DEPARTMENT OF REVENUE							
Iowa Attorney General's Crime Victim Services Section							
Other Direct							
STATE FISCAL YEAR:							
VENDOR NUMBER:							
<b>RENT ASSISTANCE:</b>				<b>VENDOR # or</b>	<b>CHECK # or</b>		<b>Sub-Total</b>
<b>Doc.#</b>	<b>CLIENT #</b>	<b>Invoice/Bi ll Date</b>	<b>PURPOSE/DESCRIPTION</b>	<b>LANDLORD</b>	<b>MONEY ORDER #</b>	<b>AMOUNT</b>	<b>1,625.00</b>
#21	#44-4234	30-Jul-16	July and August Rent	Findlay Reality	#1323	\$ 1,000.00	
#22	#44-4379	30-Jul-16	August Rent	Insightful Reality	#1398	\$ 625.00	
<b>UTILITY ASSISTANCE:</b>					<b>CHECK # or</b>		<b>Sub-Total</b>
<b>Doc.#</b>	<b>CLIENT #</b>	<b>Invoice/Bi ll Date</b>	<b>PURPOSE/DESCRIPTION</b>	<b>COMPANY/AGENCY</b>	<b>MONEY ORDER</b>	<b>AMOUNT</b>	<b>\$0.00</b>

Enter Claim Period, Agency Name and City of Agency.

Vendor Number – Number assigned by the State of Iowa

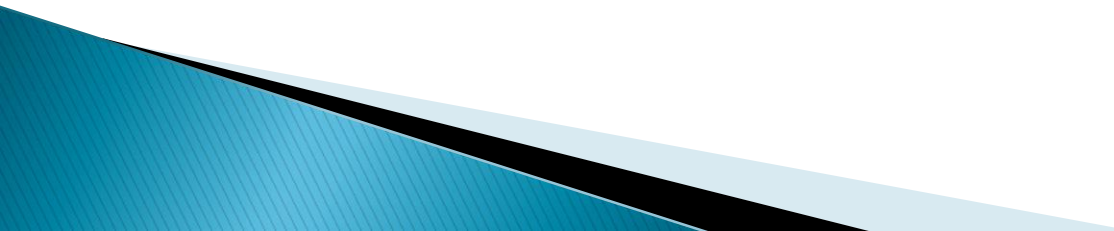
Enter the corresponding Doc # that you assign the actual invoice/receipt. You will right that number on the invoice/receipt and circle before scanning the document.

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.

# 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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