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### APPLICATION FOR REIMBURSEMENT INSTRUCTIONS

The signed Application for Reimbursement Form should be emailed to your Project Advisor along with a Work Progress Report for the time covered in the invoice period, Application for Reimbursement – Supplemental Sheet with proper attached invoices, receipts, logs, or other documentation.

The time needed to process an invoice from the time the grantee submits the "Application for Reimbursement" until the grantee can expect to receive payment from the Commonwealth is approximately 6-8 weeks. This time estimate assumes that the reimbursement forms are properly completed. If changes are needed to the reimbursement request, you should anticipate a longer timeframe.

The grantee should refer to the Grant Agreement (specifically the Scope of Work) and the Task and Deliverable Budget Worksheet when completing the Application for Reimbursement form. Include actual, not estimated, costs incurred. Appropriate receipts must be attached to the Application for Reimbursement‑Supplemental Sheet to document these costs. Your information, such as Grantee name and address must match your grant agreement and SAP vendor information.

*Project Title* – Found on first page of Grant Agreement (Name of Project)

*Document #* – Found on signature page of Grant Agreement

*Vendor #* – Found on signature page of Grant Agreement

*Payable to (Grantee)* – Found on first page of Grant Agreement

*Point of Contact* – Grantee’s contact person

*Phone Number* – Grantee’s telephone number

*Partner Bank Type* – Nickname for Commonwealth banking information (Example: BN01, BN02, etc.).

*Invoice Period* – Grantee decides on the invoice period. It cannot fall outside the period of performance of the Grant Agreement.  Please indicate Month, Day and Year that the work for which reimbursement is claimed was performed.

*Total Grant Expenditures for this Period* – The total amount of reimbursement requested from the grant for the period identified.

*Balance Working Capital* – The amount of "Working Capital" provided less any amount previously invoiced under "Working Capital."

*% Funds Expended* – Leave this line blank.

*Match Contribution* – The total amount of match contributed for the period identified.

*AMOUNT OF REIMBURSEMENT* – The total costs incurred for the invoice period minus Balance of Working Capital if appropriate.

*Signature/Title/Date* – The signature of an authorized representative for the grantee is required. An Application for Reimbursement will not be processed without the proper declaration from the grantee.

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Invoice Date:

Invoice No.:

Invoice Amount:

#### APPLICATION FOR REIMBURSEMENT

|  |  |
| --- | --- |
| Grant Program:  Growing Greener I  SMCRA  AMD  Water Quality Improvement Projects | |
| **(This section completed by Grantee)** | |
| Project Title:  Document #:       Vendor #:  Payable To (Grantee):  Point of Contact:       Phone Number:  Partner Bank Type (e.g. BN01, BN02, etc.):  Invoice Period (Month, Day, Year):       to | |
| **EXPENDITURES:**  Total Grant Expenditures for this period: $  Balance of Working Capital Before this Invoice: $ | |
| % Funds Expended (DEP Grants Center Will Complete):       %  Match Contribution: $  **AMOUNT OF REIMBURSEMENT: $** | |
| All related backup to this invoice is stored in the electronic ESA file for audit purposes. |  |
| **GRANTEE SIGNATURE:**  **I declare the above to be a true and accurate statement.**         Signature Title Date | |

**NOTE:** REIMBURSEMENT REQUEST WILL NOT BE PROCESSED FOR PAYMENT WITHOUT A PROGRESS REPORT AND SUPPLEMENTAL SHEET.

**(This section to be completed by DEP Staff)**

|  |  |
| --- | --- |
| Approved by: | Recommended Payment: $ |
| Title: DEP Grants Center Management Staff | Recommended by: |
| Date Approved: | Project Advisor Name  Date Recommended: |