Revised: 6/22/2026

APPLICATION FOR REIMBURSEMENT/SUPPLEMENTAL SHEET INSTRUCTIONS

Complete the Information Sheet first, followed by the Supplemental Sheets. Refer to the Information Sheet and Supplemental Sheets instructions below for guidance on completing these sections. After completing the Supplemental and Information Sheets, follow the submission guidelines listed under the Print/Submission Instructions below.

INFO SHEET - INSTRUCTIONS

1. Fill out all grey cells. Refer to the descriptions below to ensure the appropriate data is entered.
    - County - County Name only (do not include "County")
    - Contract # - Also referred to as document #. This number can found in the header of the grant announcement letter titled "Grant Document #: C99XXXXXX"
    - Vendor # - Instructions on finding this number are found on grant award email
    - Payable to (Grantee) - Found on first page of Agreement
    - Point of Contact - Grantee's contact person for reimbursement requests
    - Signatory Title - Title of the signing official
    - Phone Number & Email Address - Point of Contact's telephone number and email address
    - Partner Bank Type - Do not use entire routing and bank account number on the application. Instead, use the 4-character Partner Bank Type/Name that was assigned and is unique to the account for deposit (ex: BN01). If you do not know your Bank Partner Type, please see the following:
        - Call the Vendor Data Management Unit (VDMU) at 1-877-435-7363, open Monday – Friday 8:00 a.m. to 4:30 p.m. Have Tax ID number and Vendor number ready as well as the bank account number for which the Bank Partner Type is needed for.
        - Email VDMU at ra-psc_supplier_requests@pa.gov providing Tax ID number and Vendor number and last 3 digits of the bank account the Bank Partner Type is needed for.

        - Fax VDMU at 717-214-0140.

    - Invoice Period - The invoice period must align with a three-month quarter occurring during the state fiscal year. Indicate start and end month, day, and year for the quarter in which the work was performed. For the 4th quarter of each year, check the FINAL reimbursement box. The state fiscal year begins July 1st and ends June 30th.
    - Invoice Date - Date of signature
    - Invoice No. - Last 4 digits of Contract #, dash, number of request being submitted (ex. 4321-9)

SUPPLEMENTAL SHEETS - INSTRUCTIONS

1. Compile and "Print as PDF" or scan all supporting documentation for every charge included in this reimbursement request into a single PDF file titled using the naming convention detailed under the second bullet in the Submission Requirement section .

   Supporting documentation includes:
    - pay stubs (**See Salaries/Benefits Instructions below for more details**)
    - invoices
    - mileage logs
    - any other pertinent cost documentation

2. Use the supporting document pdf packet t to enter data into the appropriate categories. Details for each category are provided in the “Budget Category Supplemental Sheet Information” section below. Each entry must contain the requested information on the supplemental sheet.
3. Category totals will be calculated and transferred automatically to the APPLICATION FOR REIMBURSEMENT tab.

PRINT - INSTRUCTIONS

You may export the workbook to PDF for electronic signature or print a hard copy by following the steps below:

1. Click File in the ribbon at the top left corner of the screen.

2. Select Print from the left-hand menu.
3. From the printer drop-down menu, select Microsoft Print to PDF or your preferred printer.
    - To print the entire workbook, select Entire Workbook from the settings drop-down menu.

      OR

    - To print specific sheets, hold down the Ctrl key and select the desired sheets, then choose Print Active Sheets from the settings drop-down menu.
4. Save the file to desired location OR print.
5. Sign Reimbursement Packet

SUBMISSION REQUIREMENTS

The following must be sent via email to your DEP Project Advisor on a quarterly basis:

- A completed and signed Application for Reimbursement packet which includes all supplemental sheets in PDF Format. Title this document using the following naming convention "County_last 4 digits of contract number_Quarter or timeframe_AFR Packet" (ex. "Cumberland_4321_Q4_AFR Packet")
- A PDF which includes all supporting documentation, invoices, paystubs, payroll reports, mileage logs, receipts, and other pertinent expense documents for all requested amounts. Title this document using the following naming convention "County_Last 4 digits of Contract #_Quater or timeframe_Invoice Packet" (ex. "Cumberland_4321_Q4_Invoice Packet")
- Watershed Specialist Quarterly Report Form to include the timeframe covered by the invoice period (submitted in Excel format). Title this document using the following name convention “County_Last 4 digits of Contract #_ Quarterly Report_Q#” (ex. "Cumberland_4321_Quarterly Report_Q2")

APPLICATION FOR REIMBURSEMENT/SUPPLEMENTAL SHEET INFORMATION

Application for reimbursement – descriptions (not previously defined, above):

- Amount of Reimbursement (automatically calculated from the budget category supplemental sheets) – Amount to be remitted to Grantee).

- Signature/Title/Date – The signature of an authorized representative (manager or assistant manager) for the Grantee is required. The reimbursement request will not be processed without the required certification from the Grantee.

BUDGET CATEGORY SUPPLEMENTAL SHEET INFORMATION

Salaries/Benefits

This is for the actual amount paid to the Watershed Specialist to fulfill the grant deliverables. Supporting documentation is required and must include pay stubs or payroll reports. Documentation of benefits paid by the employer must also be included. Hours and rate must be entered for this section to automatically calculate the total amount

Watershed Specialist Grantees will submit the following supporting documentation for all requested salaries and benefits charges:

- Verifiable payroll documentation to include QuickBooks Reports, District/ County Payroll reports, or District/County Pay Stubs
- A Salaries and Benefits Cost Breakdown providing clear and legible calculations validating how specific Salaries and Benefits subtotals were determined. The subtotals must directly correlate to the requested Salaries and Benefits charges listed on the AFR documentation. At a minimum cost breakdown will include:
    - Hourly Rate Calculations (if not already captured in supporting documentation).
    - Benefit Cost Calculations
    - Total Reimbursable Hours Calculation
    - Other non-reimbursable positional hours (e.g., CAP Coordinator, etc.)
- Both the Cost Breakdown and Payroll documentation will clearly denote the period in which costs were incurred, and all listed values will correlate and or match the requested values on the AFR.

Required information:

- Position/Title – Name and position title of employee
- Hours – Total hours worked (may be split between multiple programs/line items
    - If salaried, enter 1 hour
- Rate – Hourly rate of position
    - If salaried, list total quarterly salary here
- Total – Total costs for the position's salary and benefits (hours multiplied by rate)

- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, the position, etc.
- Non-matching/non-reimbursable program hours Section - This section should only be used for position costs that cannot be reimbursed under the WS grant

Travel

Travel is limited to GSA rates unless otherwise agreed to in the Grant Agreement. A detailed listing for meals and lodging charged during the quarter must be submitted. Travel logs for mileage must be submitted. If meals and/or lodging are included in the reimbursement request, a detailed listing documenting these charges must be provided. Only report eligible costs funds associated with the watershed specialist's activities.

Required information:

Travel – Mileage Tab

- Miles – Total miles traveled (either per trip or per program)
- Rate – Current GSA travel rate
- Total – Total costs incurred for mileage (miles multiplied by rate)
- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, dates of travel, breakdown of numbers, etc.

Travel – Other Tab

Use this tab for lodging, meals, and all other travel related costs incurred that are not mileage.

- Description/Reason – Background information/justification of expenses
- Vendor – Entity with which costs were incurred (Vendor name should be found on applicable invoice or receipt)
- Total – Total costs incurred for each line item
- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, dates of travel, breakdown of numbers, etc.

Equipment/Supplies

List equipment/supplies purchased solely for the Watershed Specialist. If equipment is shared by multiple employees, including the Watershed Specialist, list the prorated Watershed Specialist portion of the expense. The prorated portion should be calculated by dividing the total equipment cost by the number of employees or programs using the equipment. Supplies (office supplies, educational materials, postage, utility/communication services, etc.) shared by multiple employees are to be prorated and charged under "Administrative". Attach receipts for all expenses.

Required information:

- Equipment/Supply Description – Type of equipment or supplies purchased
- Vendor – Entity with which costs were incurred (Vendor name should be found on applicable invoice or receipt)
- Total – Total costs incurred for each line item
- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, breakdown of numbers, etc.

Administrative

The expenses listed here must reflect actual costs. Watershed Specialist Grantees will provide a cost breakdown sheet in the invoice packet PDF detailing all requested administrative costs and the corresponding calculations used to calculate each requested administrative cost. Additionally, Grantees will provide receipts for all requested expenses in the invoice packet PDF.

Required information:

- Employee/Vendor – Employee or entity with which costs were incurred
- Total – Total costs incurred for each line item
- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, breakdown of numbers, etc.

Other

Other is a restrictively interpreted category and is only used for items that do not fit the specific budget categories and only for costs approved for this category. Provide receipts for all expenses in the invoice packet PDF.

Required information:

- Description – General description of item for which costs were incurred
- Total – Total costs incurred for each line item
- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, breakdown of numbers, etc.

Mini-Grant

All Mini-Grant expenses are to be listed here regardless of their category within the Mini-Grant budget. Provide documentation of staff time and rates for salaries, and attach receipts for all other expenses in the invoice packet PDF. Include additional staff time and hourly rate breakdowns in the comments section.

Required information:

- Activity – Description of mini-grant activity
- Mini-Grant Project Number/Deliverable – Specific mini-grant activity identifier
- Total – Total costs incurred for each line item
- Page Number – PDF page number from the Invoice Packet corresponding to the invoice or supporting documentation for that requested cost amount
- Comments – Any additional comments related to costs, breakdown of numbers, etc.

ADDITIONAL NOTES

The time required to process an invoice, from the date the grantee submits the "Watershed Specialist Application for Reimbursement" until payment is received from the Commonwealth, is approximately 6–8 weeks. This time estimate assumes that the reimbursement form is properly completed. If changes are needed to the reimbursement request or required elements for the request are not submitted with the initial request, you should anticipate a longer timeframe.

The Application for Reimbursement form is protected.

If a situation arises that requires transferring funds from one category to another during the first three quarters of the state fiscal year, please complete a Budget Revision Request Form and submit to your Project Advisor. The form must include a justification and attach a revised Task & Deliverable Budget Worksheet. Your Project Advisor will review the request and will advise you in writing whether or not the request has been approved.