



ENVIRONMENTAL EDUCATION GRANTS PROGRAM

EXPENSE REIMBURSEMENT REQUEST FORM

- SUMMARY PAGE -

Location Code: 35GRNTGR2

Invoice Date: _____

Invoice No: _____

Invoice Amount: _____

SUBMIT FORM TO:

Preferred Method:Email to 69183@pa.gov and adevine@pa.gov**Alternative Method:**

DEP Grants Center

Location Code: 35GRNTCTR2

P.O. Box 69183

Harrisburg, PA 17106

Grant Recipient Name

(Administering Organization) _____

Street Address _____**City, State, Zip Code** _____**Email Address** _____**Phone #** _____**EE #** _____**Grant Document # (GR#)** _____**Vendor #** (located on signature page of agreement) _____**Invoice Period-From** _____**To** _____**Total Amount** \$ _____**Request #** _____**Bank Routing Number** _____**Bank Account Number** _____

	GRANT FUNDS			APPLICANT MATCH		
	Total Grant Amount	Total Reimbursed to Date	Reimbursement Request for this Period	Total Match Amount	Match Previously Expended	Match Expended this Period
TOTAL						

Signature of Project Director or Authorized Official_____
Title_____
Date_____
Printed Name of Project Director or Authorized Official**For Commonwealth Use Only**

Approved by: _____

Match Required: _____ %

Fiscal Year	SAP FUND	GEN. LED.	COST CENTER	INT. ORDER
_____	20097100000	6600__00	3590130000	350130130_

JUSTIFICATION: To reimburse grantee for expenses, per DEP Grant Agreement, under the Environmental Education Grants Program.

Invoices and receipts should not be sent with the Expense Reimbursement Request Form unless listed in the Scope of Work Benchmarks and Budget (Attachment D). They should be kept in your files as per the record retention policy.

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Grant Recipient Name _____ EE# _____ GR # _____ Request # _____

PEOPLE COSTS (See notes box below)

List personnel identified on the approved budget summary. (Use additional sheets if necessary.)

Name	Role in the Program	Activity Letter	Period of Payment	Total Time	Total Cost	Matching Funds*		Amount to be Reimbursed
			Enter Mo-Day-Yr From-To	Enter Total Hours or Days Paid	Enter Rate x Hours or Rate x Days	If Cash, Enter Amount	If In-Kind, Enter Amount	
If someone outside your organization is paid a flat fee, include a check number and date paid.			Total People Costs:		\$	\$	\$	\$

*Notes for "Matching Funds" Columns

- If "Cash" or "In-Kind" is entered, deduct these amounts from "Total Cost" and enter the balance in the "Amount to be Reimbursed" column.
- Appropriate documentation for all costs and matching funds or activities must be retained in your files.

All columns must be completed to receive reimbursement.

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Grant Recipient Name _____ EE# _____ GR # _____ Request # _____

RESOURCE COSTS									
Materials/Supplies				Total Cost	Matching Funds				Check No. and Date Paid (if paid with credit card, enter "credit")
<i>Name of Item</i>	Activity Letter	Unit Cost	Quantity Acquired	<small>Enter Unit Cost X Quantity Acq.</small>	<small>If Cash, Enter Amount</small>	<small>If In-Kind, Enter Value</small>	Amount to be Reimbursed	Vendor Name	
Total Resource Cost				\$	\$	\$	\$		

If cash is paid by staff, include the check number and date used to reimburse.

All columns must be completed to receive reimbursement.

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Grant Recipient Name _____ EE# _____ GR # _____ Request # _____

TRAVEL COSTS

Name (Project Staff Person or Carrier)	Activity Letter	Dates Cost Incurred (List Separately by Mo-Day-Yr)	Carrier Cost (Flat fee, per trip fee, etc.)	Personal Vehicles (State's mileage rate during invoice period)	Total Cost (Enter Rate x Mileage)	Matching Funds		Amount to be Reimbursed
						If Cash, Enter Amount	If In-Kind, Enter Value	
Total Travel Cost:				\$	\$	\$	\$	\$

OTHER COSTS

Item	Activity Letter	Unit Cost	Quantity Acquired	Total Cost	Matching Funds	Amount to be Reimbursed	Vendor Name	Check No. and Date Paid (if paid with credit card, enter "credit")
Total Other Costs:				\$	\$	\$		