



## 2011 INSTRUCTIONS APPLICATION FOR REIMBURSEMENT – SUPPLEMENTAL SHEET

If a situation arises that requires you to transfer money from one category to another, please contact your Project Advisor in writing (e-mail is acceptable) requesting this transfer and the reason it is necessary. Your Project Advisor will review the request and will advise you in writing whether or not the request is approved.

Salaries/Benefits – This is for time spent by grantee staff on the project. Do not include contracted salaries in this category. Those costs should be identified in Contractual or Construction as appropriate.

Travel – Travel is limited to state rates unless otherwise agreed to in the Grant Agreement.

Administrative – The grantee cannot expend more than 5% of the grant award for administrative expenses. The expenses listed here must be actual costs.

Contractual Services – Please make sure the contractor has been identified in the Scope of Work of the Grant Agreement or has been previously approved by the DEP.

Construction – Please make sure the contractor has been identified in the Scope of Work of the Grant Agreement or has been previously approved by the DEP.

Other – "Other" is a restrictively interpreted category and is only used for items that do not fit the specific budget categories and/or only for costs approved for this category.

Total Grant Expenditures – The sum of the Subtotals.

Match Contribution – Provide documentation for actual cash and in-kind match contributions to the grant project.

## APPLICATION FOR REIMBURSEMENT – SUPPLEMENTAL SHEET

Document # \_\_\_\_\_

Invoice Period: \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_  
 (Indicate month, day and year that work was performed.)

**EXPENDITURES: (Attach invoices, receipts, logs, or other documentation)**

**A. Salaries/Benefits**

	Name and/or Title	Hours	x	Rate	=	
1.	_____	_____		_____		_____
2.	_____	_____		_____		_____
3.	_____	_____		_____		_____
						Subtotal \$ _____

**B. Travel\***

1.	Car: _____ miles x _____ per mile = \$ _____					
2.	Other (indicate): _____			\$ _____		
						Subtotal \$ _____

**C. Equipment/Supplies (list)**

1.	_____	\$				
2.	_____	\$				
3.	_____	\$				
						Subtotal \$ _____

**D. Administrative (list actual expenses)**

1.	_____	\$				
2.	_____	\$				
3.	_____	\$				
4.	_____	\$				
						Subtotal: \$ _____

**E. Contractual Services (list contractor name)**

1.	_____	\$				
2.	_____	\$				
3.	_____	\$				
4.	_____	\$				
						Subtotal: \$ _____

**F. Construction (list company name)**

1.	_____	\$				
2.	_____	\$				
3.	_____	\$				
4.	_____	\$				
						Subtotal: \$ _____

\*Limited to state rates unless otherwise noted in agreement

**EXPENDITURES:** (continued)

G. Other (list)

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

TOTAL GRANT EXPENDITURES: \$ \_\_\_\_\_

**MATCH CONTRIBUTION:**

	<b>CASH</b>	<b>IN-KIND</b>
A. Salaries/Benefits	\$ _____	\$ _____
B. Travel	\$ _____	\$ _____
C. Equipment/supplies	\$ _____	\$ _____
D. Administrative	\$ _____	\$ _____
E. Contractual Services	\$ _____	\$ _____
F. Construction	\$ _____	\$ _____
G. Other	\$ _____	\$ _____
Subtotal:	\$ _____	Subtotal \$ _____
		Total: \$ _____