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| **DEP Logo0110-FM-EEIC0105 Rev. 6/2017** | **ENVIRONMENTAL EDUCATION GRANTS PROGRAM****EXPENSE REIMBURSEMENT REQUEST FORM****- SUMMARY PAGE -** | Invoice Date:       Invoice No:       Invoice Amount:       SUBMIT FORM TO:Email to adevine@pa.govPA Dept. of Environmental ProtectionEnvironmental Education Grants ProgramP.O. Box 2063Harrisburg, PA 17105 |
|  |  |
| **Grant Recipient Name**(Administering Organization) |        |
| **Street Address** |        |
| **City, State, Zip Code** |        |
| **Email Address** |        | **Phone #** |        |  |  |
| **ID #** |        | **Grant Document #** (GR#) |        | **Vendor #** (located on signature page of agreement) |        |
| **Invoice Period-From** |        | **To** |        | **Total Amount**  | $ |        | **Request #** |        |
| **Bank Routing Number** |        | **Bank Account Number** |        |

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|  | **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       Printed Name of Project Director or Authorized Official | Title | Date |

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| ***For Commonwealth Use Only*** |
| Approved by: |  |  | Fiscal Year | SAP FUND | GEN. LED. | COST CENTER | INT. ORDER |  |
| Match Required: |       | % |       | 2009700000 | 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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| **ENVIRONMENTAL EDUCATION GRANTS PROGRAM****EXPENSE REIMBURSEMENT FORM - WORK PAGE 1** |
| **Grant Recipient Name** |  | **ID#** |  | **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\*** | **Amountto 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* |
|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
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|       |       |       |       |       |       |       |       |        |
|       |       |       |       |       |       |       |       |        |
| *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** |
| 1. If “Cash” or “In-Kind” is entered, deduct these amounts from “Total Cost” and enter the balance in the “Amount to be Reimbursed” column.
2. 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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| **ENVIRONMENTAL EDUCATION GRANTS PROGRAM****EXPENSE REIMBURSEMENT FORM - WORK PAGE 2** |
| **Grant Recipient Name** |       | **ID#** |       | **GR #** |       | **Request** # |       |
|  |

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| **RESOURCE COSTS** |
| **Materials/Supplies** | **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” with date paid)** |
| ***Name of Item*** | *Enter Unit Cost X Quantity Acq.* | *If Cash, Enter Amount* | *If In-Kind,**Enter Value* |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |       |
| *If cash is paid by staff, include the check number and date used to reimburse.* | **Total Resource Cost** | **$** | **$** | **$** | **$** |  |  |

All columns must be completed to receive reimbursement.

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| **ENVIRONMENTAL EDUCATION GRANTS PROGRAM****EXPENSE REIMBURSEMENT FORM - WORK PAGE 3** |
| **Grant Recipient Name** |       | **ID#** |       | **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* |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| **Total Travel Cost:** | **$** | **$** | **$** | **$** | **$** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **OTHER COSTS** |
| **Item** | **Activity Letter** | **Unit Cost** | **Quantity Acquired** | **Total Cost** | **Matching Funds** | **Amount to be Reimbursed** | **Vendor Name** | **Check No. and Date Paid (if paid with credit card, enter “credit” with date paid)** |
|       |       |       |        |        |        |        |        |        |
|       |       |       |        |        |        |        |        |        |
|       |       |       |        |        |        |        |        |        |
|       |       |       |        |        |        |        |        |        |
|       |       |       |        |        |        |        |        |        |
| **Total Other Costs:** | **$**  | **$** | **$**  |  |        |