

**ENVIRONMENTAL EDUCATION GRANTS PROGRAM  
 EXPENSE REIMBURSEMENT REQUEST FORM  
 - SUMMARY PAGE -**

Invoice Date: \_\_\_\_\_  
 Invoice No: \_\_\_\_\_  
 Invoice Amount: \_\_\_\_\_

SUBMIT FORM TO:

Email to [adevine@pa.gov](mailto:adevine@pa.gov)

PA Dept. of Environmental Protection  
 Environmental Education Grants Program  
 P.O. Box 2063  
 Harrisburg, 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** \_\_\_\_\_

	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
<b>TOTAL</b>						

\_\_\_\_\_  
 Signature of Project Director or Authorized Official Title Date

\_\_\_\_\_  
 Printed Name of Project Director or Authorized Official

*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.**

## 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*		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	
<i>If someone outside your organization is paid a flat fee, include a check number and date paid.</i>			<b>Total People Costs:</b>		\$	\$	\$	\$

**\*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.

## ENVIRONMENTAL EDUCATION GRANTS PROGRAM EXPENSE REIMBURSEMENT FORM - WORK PAGE 2

Grant Recipient Name \_\_\_\_\_ ID# \_\_\_\_\_ GR # \_\_\_\_\_ Request # \_\_\_\_\_

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

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

All columns must be completed to receive reimbursement.

## ENVIRONMENTAL EDUCATION GRANTS PROGRAM EXPENSE REIMBURSEMENT FORM - WORK PAGE 3

Grant Recipient Name \_\_\_\_\_ ID# \_\_\_\_\_ GR # \_\_\_\_\_ Request # \_\_\_\_\_

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

<b>OTHER COSTS</b>								
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)
<b>Total Other Costs:</b>				\$	\$	\$		