

CDWS Contracts/Reporting/ Invoicing

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

(This section completed by DEP)

Document # _____	Date Received _____	Funding: <input type="checkbox"/> 319 <input type="checkbox"/> Growing Greener	<input type="checkbox"/> 104(B)(3) <input type="checkbox"/> Other
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Account Codes

	\$ _____
	\$ _____
	\$ _____

Approved by: _____	Recommended for Payment \$ _____
Title: <u>Chief, NPS Management Section</u>	Recommended for Payment _____
Date Approved: _____	Initials _____

(This section completed by Sponsor)

APPLICATION FOR REIMBURSEMENT

Project Title: _____ Amount Due \$ _____

Grant Agreement Document # _____ Vendor # _____

Payable To (Sponsor): _____

Mail Payment To: _____

Point of Contact: _____ Phone Number _____

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:		\$ _____

*Limited to state rates unless otherwise noted in agreement

BACK-UP

- Salaries/Benefits
 - ✓ Payroll Summary
 - ✓ Timesheets
- Travel
 - ✓ Log sheets showing mileage
 - ✓ Hotel receipts
 - ✓ Meal receipts (NO ALCOHOL)

Back-up cont'd

- Equipment/Supplies
 - ✓ For Watershed Specialist Position only
(camera, boots, & computer, etc.)
 - ✓ Items over \$500 need prior DEP approval
 - ✓ Copy of store receipt

EXPENDITURES: (continued)

D. Administrative (list)

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

E. Contractual Services (list)

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

F. Construction (list)

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

G. Other (list)

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

TOTAL EXPENDITURES: \$ _____
Amount of Reimbursement: \$ _____

IN KIND/MATCH SPONSOR CONTRIBUTION:

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

I declare the above to be a true and accurate statement.

Name Title Date

Note: Please attach Progress Report of Project Activities for the time period covered in this invoice. Progress Report should cover activity by work task as described in your Scope of Work. **NO REIMBURSEMENT REQUEST WILL BE PROCESSED FOR PAYMENT WITHOUT A PROGRESS REPORT.**

Back-up

- Administration
 - ✓ Copy of receipt or bill (ex. Postage, phone bill)
- Contractual & Construction
 - ✓ Not normally used
- Other
 - ✓ Copy of Registration form

MATCH

- 20% Match required
- County or CD funds or in-kind match (office space, phone, etc. as long as you are not getting reimbursed for it from the CDWS grant)
- Section 319, WREN, PACD, foundation or other non-DEP grants
- Another CD Watershed Activities Program (see JD p.4 Deliverables)

REPORTS

- Monthly report to board
- Quarterly entry into database