* Every expense for which you claimed reimbursement must have documentation that substantiates the expense.
	+ Supporting documentation does not need to be submitted at the time the organization requests reimbursement for expenses paid related to the contract.
	+ *Supporting documentation must be kept on file for a minimum of seven years from the end date of the contract and must be in an organized and easily referenced manner.*
		- Recipient must provide substantiated documents to the extent required in the grant contract, upon demand.
* Expenses claimed must be connected to the Program and necessary to meet the goals and scope of work.
	+ No reimbursements of funds will be made in advance of costs or expenses being incurred.
	+ Costs or expenses incurred and/or paid prior to the effective date of the contract or after its termination are ineligible for reimbursement.

|  |  |  |
| --- | --- | --- |
| **Yes** | **N/A** | **Staff Salaries/Benefits** |
|  |  | Time Summaries/Proof of payment to the employee *(Paystub, copy of check, payroll report or documentation approved by the County)* Documentation provided shall include the following information:* Name of staff or employee who was paid
* Pay period dates
* Pay date
* Hours, rate or salary and amount paid
* A total of the wages and/or salaries claimed for the reimbursement request period.
* Any benefits and payroll taxes claimed.
 |
| **Yes** | **N/A** | **Mileage Reimbursement** |
|  |  | Mileage Log that includes:* Name of the driver
* Dates of Travel
* To/from locations
* Miles traveled
* Total mileage cost (mileage multiplied by current IRS rate)
 |
|  |  | Proof of payment* Shows date of payment
* Amount of payment *(payment rate at current IRS Mileage standard)*
* Who payment is made to
 |
| **Yes** | **N/A** | **Purchases & Services** |
|  |  | Itemized Receipts or Invoices from vendor that clearly indicates:* The good purchased/services provided
* Date purchased / dates in which service provided
* Amount of expense
 |
|  |  | Proof of payment *(If not already indicated on receipt)** Shows date of payment
* Amount of payment
* Who payment is made to
 |
| **Yes** | **N/A** | **Rental (Direct) Assistance** |
|  |  | Documentation Includes * Details of client
* Amount of assistance
* Months in which client assisted
 |
|  |  | Proof of Payment* Shows date of payment
* Amount of payment
* Who payment is made to
 |

|  |  |
| --- | --- |
| **Yes** | ***EHF Contracts ONLY*** |
|  | **General Ledger has been included in RR Packet.*** General Ledger cost category total matches the reimbursement request cost category total.
* Total of each cost category on GL are clearly marked/indicated
 |