

Completing and Submitting a Reimbursement Request

Revised 10.28.2014

The reimbursement form is found at:

<http://schools.utah.gov/sars/DOCS/data/reimbfrm.aspx>.

Click "Reimbursement Form" to access the form. A box appears with the option to open or save the document. Save the document with a descriptive name.

This document is a universal document and is used by most departments within the USOE. It is updated often, so check the link frequently to ensure the most current document is being used.

The document was created in Excel. Cells have been formatted with formulas to assist with calculations. **DO NOT ALTER** any of the cells. Altering the cells erases the formulas. Boxes with a red triangle in the corner have embedded "helps" specific to that cell. Take some time to open the "helps" to become familiar with the form requirements.

Pictured is a copy of the form as it looks when first opened. Note all fields and the "Return Form To" areas are blank.

This area is blank.

REIMBURSEMENT REQUEST FROM UTAH SCHOOL DISTRICTS & AGENCIES TO UTAH STATE OFFICE OF EDUCATION										
Agency	District #:									There Are Several COMMENTS Embedded To Assist You. They Are Designated With a Small Red Triangle. To Read, Click on That Cell. To SHOW or HIDE a Comment Go Up To INSERT.
Indicate Funding Source, CLICK on CELL Below for a Drop Down XXX: END										
EXPENDITURE CLASSIFICATION AND STATE OBJECT CODE <small>District Chart of Accounts Found in USOE Finance and Statistics' Annual Workshop Binder. See Your Business Administrator.</small>	Enter Indirect Cost Rate Line K	BUDGET APPROVED BY USE	EXPENSE 1st Period July - June	EXPENSE FY (XX)	EXPENSE FY (XX)	EXPENSE FY (XX)	TOTAL EXPENSE TO DATE			
A (100) Salaries			0	0	0	0				
B (200) Employee Benefits										
C (300) Purchased Prof. & Tech. Svc.										
D (400)	0									
E (500) Other Purchased Svc.										
F (500) Travel										
G (600) Supplies & Materials										
H (600) Other (Exclude Audit Costs)	0									
	0									
	0									
	0									
I. TOTAL DIRECT COSTS (Lines A thru H)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
J. (600) Other (Audit Costs)										
K. * Indirect Cost Rate 1st Period: Jul-June FY										
FY (XX)										
FY (XX)										
L. (700) Property (includes equipment)										
M. TOTAL(s) (Lines I thru L)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
* NOT line I, Total Direct Costs										SOME STATE or FEDERAL FUNDS CANNOT CLAIM INDIRECT COSTS. PLEASE REFER TO YOUR BUSINESS ADMINISTRATOR, AWARDED FUNDS APPROVAL OR CALL THE PHONE # AT BOTTOM FOR MORE INFO.
0										
REPORT DATE OF CURRENT REPORT PER FROM: TO:		1 Approved Budget \$ -		Total Amount Previously Reported \$ -		Expenditure Amount This Report Period Only \$ -		Total Expenditure To Date \$ -		I certify the occurrence with federal funds have been exp. documents are claimed in this form.
5 Unexpended Balance of Budget \$ -		Amount Approved for Payment \$ -		Approved By: _____ Date: _____		RETURN FORM TO		Submitted By: _____ Agency Accounting Office Date: _____		
Utah State Office of Education 250 East 500 South P. O. Box 144200 Salt Lake City, UT 84114-4200		0 0 0		0 0 0		0 0 0		CONTACT PERSON Area Code & PH#		

Cells containing a small red triangle informs you "helps" are embedded in the cell.

Make sure all responsible parties know the requirements for the funds requested.

Filling in the Form from Start to Finish

Step 1: Enter Identifying Information

Fill in the identifying information: Agency/District, and Awarded Fund #. The Awarded Fund number is stated on the Agency/District grant award letter.

(1) Submitted requests must have all of the identifying information completed. Incomplete requests will be returned.

The screenshot shows the top portion of a form titled "REIMBURSEMENT REQUEST from UTAH SCHOOL DISTRICTS & AGENCIES to UTAH STATE OFFICE OF EDUCATION". It includes input fields for "Agency", "District #", "File #", and "Awarded Fund #". Below these is a dropdown menu for "Indicate Funding Source, CLICK on CELL Below for a Drop Down!". The dropdown is currently set to "CTE: Adult Education: Adult Education/Refugee Grant". To the right of the dropdown, the text "CTE/Adult Education" is displayed. Below the dropdown is a table with columns: EXPENDITURE CLASSIFICATION AND FUND, BUDGET APPROVED, BUDGET CHANGE, EXPENSE, CARRYOVE, CARRYOV, and TOTAL EXPENSE.

Step 2: Select Funding Source

Choose the funding source for expenses being submitted for reimbursement. When opened, the drop down box displays options from the bottom up. **(2)** Scroll up to find CTE: Adult Education. Once you choose a funding source, the form self-alters to the specifications for the specific funding source. The "Return Form To" area self-populates. Forms must be returned to the person listed in this area.

This screenshot shows the same form as above, but with the funding source dropdown menu open. The dropdown list contains several options, with "CTE: Adult Education: Adult Education/Refugee Grant" highlighted in red. A callout bubble points to the dropdown arrow with the text "Click the arrow to open the drop down box." Another callout bubble points to the dropdown list with the text "Drop down list appears. Note that Adult Education has six funding sources to choose from." The text "To Indicate Funding Source, CLICK on CELL Below for a Drop Down Menu" is also visible above the dropdown.

Step 3: Enter indirect Cost Rate

Enter the indirect cost rate as a decimal. Example: 3.17% is .0317. Enter this amount in column D of the appropriate row.

Step 4: Enter Budget Amounts

The first column, “**Expenditure Classification and State Object Code,**” corresponds with the categories on the grant application budget sheet. The approved original budget amounts for each category are entered in the “**Budget Approved by USOE**” (3) column. The amounts entered in this column **will not** change through the course of the grant period. The original budget amount remains in the “**Budget Approved by USOE**” (3) column and any changes are in the “**Budget Change**” (4) column. Budget categories may be adjusted due to need without USOE approval as long as the category change is less than 10%. Any change in budget

amounts are entered in the “**Budget Change**” (4) column. When entering budget change amounts, all category amounts must be entered into the “**Budget Change**” (4) column whether that amount was adjusted or not. The column will total in the Total Direct Cost row. The Total Direct Costs in the USOE Approved Budget and the Budget Change column must match. Budget changes over 10% must be approved by USOE and may require the submission of an updated grant budget sheet. Written comments must accompany any change. These comments must remain on the form through the end of the grant period. Use the “**Justification or Comments**” (5).

REIMBURSEMENT REQUEST from UTAH SCHOOL DISTRICTS & AGENCIES to UTAH STATE OFFICE OF EDUCATION									
Agency Name:		District #:		File#:		Awarded Fund #:			
To Indicate Funding Source, CLICK on CELL Below for a Drop Down Menu									
CTE: Adult Education: Adult Education/AEFLA Basic						CTE/Adult Education			
EXPENDITURE CLASSIFICATION AND STATE OBJECT CODE District Chart of Accounts Found in USOE Finance and Statistics' Annual Workshop Binder. See Your Business Administrator	* Enter Indirect Cost Rate Line K	BUDGET APPROVED BY USOE	BUDGET CHANGE (When line budget equals/exceeds 10% of Approved Budget)	EXPENSE 1st Period July - June FY (XX)	CARRYOVER 2nd Period July-June FY (XX)	CARRYOVER 3rd Period July-Sept FY (XX)	TOTAL EXPENSE TO DATE		
A (100) Salaries		3	4	6	7	8	\$ -		
B (200) Employee Benefits							\$ -		
C (300) Purchased Prof. & Tech. Svc.							\$ -		
D (400) Purchased Property Svc.							\$ -		
E (500) Other Purchased Svc.							\$ -		
F (580) Travel							\$ -		
G (600) Supplies & Materials							\$ -		
							\$ -		
							\$ -		
H. TOTAL DIRECT COSTS (Lines A thru H)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
I. * Indirect Cost Rate 1st Period: Jul-Jun FY (XX)		\$ -	\$ -	\$ -			\$ -		
J. * Indirect Cost Rate 2nd Period: Jul-Jun FY (XX)					\$ -		\$ -		
K. * Indirect Cost Rate 3rd Period: Jul-Sept FY (XX)							\$ -		
L (700) Property (includes equipment)							\$ -		
M (800) Other							\$ -		
N. TOTAL(s) (Lines I Thru M)		\$ -	\$ -	\$ -			\$ -		
* NOTE Enter the Indirect Cost Rate appropriate for the fiscal year in which expenses incurred and apply to line I, Total Direct Costs									
JUSTIFICATION or COMMENTS: Budget Change/ Extension Request/Explanation									

Boxes colored in blue are not available for data entry.

Step 5: Enter Expenses

All expenses charged to the grant funding source are entered in the “Expense” (6) column. The “Carryover 2nd Period”(7) is used infrequently; the “Carryover 3rd Period” (8) column is not used. Replace the double x’s in columns 6 and 7 with the current fiscal year’s two digits.

The “Expense” (6) column is a cumulative column. Each time a reimbursement request is made the new expenses are added to the previously entered expenses for a total expense submitted.

Step 6: Summary Calculations

- Line 1 is the total of the USOE **Approved Budget.**(9) This total is automatically populated with the total from “Budget Approved by USOE,” column E, Row 25.
- Line 2 is the **Total Amount Previously Requested.** (10) This line will be blank for the first request. For subsequent requests, manually enter the amount from line 4 of the previous request plus the amount for the current request.
- Line 3 is the **Expenditure Amount This Report Period Only** (11) for the current reimbursement request. Manually enter the expenditure amount total for the current period. This line will be the same as the **Expense**(6) column total for the first request. For subsequent requests, it will be the difference of the **Expense**(6) column total and the **Total Amount Previously Requested** (10) line 5.
- Line 4 is the **Total Expenditure To Date.** (12) This line self calculates previous expenses plus current expenses and displays the total expenses to date. This total should always be equal to the **Expense** (6) column total.
- Line 5 is the **Unexpended Balance of Budget,** (13) the amount left to be spent for the balance of the grant award.

1 Approved Budget	9	\$	-	
2 Total Amount <u>Previously Reported</u>				10
3 Expenditure Amount <u>This Report Period Only</u>	11	\$	-	
4 Total Expenditure To Date		\$	-	12
5 Unexpended Balance of Budget	13	\$	-	

Step 7: Enter Report Period Dates

Row 30 of the Reimbursement Form requires dates to be entered. The “From:” and “To:” (14) dates should always be within the date range of the Agency/District grant award letter’s date range.

29			
30	ENTER DATE OF CURRENT REPORT PERIOD	FROM: 14	TO:
31	1 Approved Budget	\$ -	I certify the program has been conducted in accordance with all specifications and in compliance with federal/state laws, rules, regulations and funds have been expended in amounts reported.
32	2 Total Amount <u>Previously Reported</u>		

Step 8: Enter Contact Information Dates and Signatures

ENTER DATE OF CURRENT REPORT PERIOD		FROM:	TO:
1	Approved Budget	\$ -	I certify the program has been conducted in accordance with all specifications and in compliance with federal/state laws, rules, regulations and funds have been expended in amounts reported, and documents are available for audit. All expenditures claimed in this report were incurred subsequent to the effective dates and have not been claimed in or under any other program.
2	Total Amount <u>Previously Reported</u>		
3	Expenditure Amount <u>This Report Period Only</u>		
4	Total Expenditure To Date	\$ -	
5	Unexpended Balance of Budget	\$ -	
FOR USOE USE ONLY - FAXED COPIES CONSIDERED ORIGINAL			
Amount Approved for Payment		\$ _____	SIGN HERE Submitted By: _____ Agency Program Director _____ Date
Approved By: _____		Date: _____	
RETURN FORM TO			
Donnis Roberts CTE/Adult Education Utah State Office of Education 250 East 500 South P. O. Box 144200 Salt Lake City, UT 84114-4200		E-Mail: donnis.roberts@schools.utah.gov 0 Ph: (801) 538-7821 Fax: (801) 538-7882	
		SIGN HERE Submitted By: _____ Agency Accounting Office _____ Date	
		TYPE / PRINT _____ CONTACT PERSON _____ Area Code & Ph#	

Step 9: Supporting Documentation

Submit the request with appropriate supporting documentation. Salaries and Benefits claimed require documentation with every request for Community-Based Organizations and twice yearly for Districts. Travel and/or Supplies & Materials claimed require proof of payment. Proof of payment can be copies of checks or accounting reports along with purchase orders or invoices that clearly show use of Adult Education funding for a specific expense. Proof of receipt can include bill of lading, packing receipt, and etc. Requests without appropriate documentation are considered incomplete. Incomplete requests will be returned, and will delay the reimbursement process.

Step 10: Send Form and Supporting Documentation to USOE

The complete reimbursement request form and attachments may be faxed, mailed or emailed. One delivery method will suffice. Submit the form to the person listed in the “Return Form

To”(15) section. Check this section before submitting as this information changes. Not reviewing this area could result in reimbursement delays. Once the reimbursement request form is complete, check to ensure all fields have been properly completed in and all entries are accurate. Save the form.

Forms must be submitted by the 25th of each month or quarter to be processed for the next payment cycle.