* 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 |