

REQUEST FOR REIMBURSEMENT CHECKLIST

Date: _____
MUST be same as submission date in ZoomGrants

Invoice #: _____
4-8 unique alpha numeric #

Name of Organization: _____

Program/Project Title: _____

- Complete **Request for Reimbursement Checklist** (MUST indicate a checkmark for all applicable items on this checklist);
- Transmittal Invoice** with a 4-8 digit unique alpha-numeric invoice number (no leading zeros);
- Budget Spreadsheet** that outlines all requested reimbursement amounts and also demonstrates the remaining funds in each approved budget line item;
- General Ledger** that lists detailed requested amounts;
- Salary & Fringe** requests must include timesheets (**signed**), a **Budget Spreadsheet**, an **Allocation Spreadsheet**, and a detailed **Payroll Ledger**. If no Payroll Ledger is available you may provide earnings statements;
- Provide source documentation. This includes detailed receipts to include date, method of payment, verification/proof of payment, invoice pages listing the amount requested, signed timesheets, etc.;
- Clearly label or number each piece of evidence with the appropriate line item (These line items are specific to your budget);
- Double check the amounts indicated on the **Budget Spreadsheet** and **General Ledger** are the same;
- Collect authorized fiscal agent signatures for paperwork if needed.

Organize and submit your grant financial records in this order:

1. Request for Reimbursement Checklist
2. Transmittal Invoice
3. Budget Spreadsheet
4. General Ledger
5. Salary & Fringe (if applicable)
6. Source Documentation

Transmittal Invoice

Date: _____
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Invoice #: _____
4-8 unique alpha numeric #

TO: CLARK COUNTY SOCIAL SERVICE
COMMUNITY RESOURCES MANAGEMENT
1600 PINTO LANE, 2nd FLOOR
LAS VEGAS, NEVADA 89106-4196

Attention: _____

AGENCY NAME: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

REQUEST FOR REIMBURSEMENT OF EXPENSES
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PO NUMBER: _____

GRANT NUMBER: OAG25-_____

GRANT FISCAL YEAR: 2024/2025_____

PROGRAM NAME: _____

PERIOD COVERED: _____
Month/Period Requested in Invoice

AMOUNT REQUESTED: _____

Authorized Fiscal Agent Signature

Date