

REQUEST FOR REIMBURSEMENT CHECKLIST

Date: _____

Invoice #: _____

4-8 unique alpha
numeric #

Name of Organization: _____

Program/Project Title: _____

- Complete **Request for Reimbursement 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** and a detailed **Payroll Ledger—*only***. If no Payroll Ledger is available may you provide earnings statements;

- Provide source documentation. This includes detailed receipts to include date and method of payment, invoice pages listing the amount requested, and 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.

- ESG Only: Match and all supporting documentation

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: _____

INVOICE #: _____

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

4-8 unique alpha numeric #

ATTENTION TO: _____

AGENCY NAME: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

REQUEST FOR REIMBURSEMENT OF EXPENSES
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PO NUMBER: _____

GRANT NUMBER: _____

GRANT FISCAL YEAR: 2020/2021

PROGRAM NAME: _____

PERIOD COVERED: _____

AMOUNT REQUESTED: _____

Authorized Fiscal Agent Signature

Date