Instructions: Itemize all project expenses, including match, and attach copies of proof of expenses and payments for each item listed. See next page for specific instructions. Use additional worksheets as necessary, numbering each. Submit with Periodic Reimbursement Request Form.

Grantee Organization Name

Grant Number ˙

Year   Jan. to Mar.   Apr. to June   July to Sept.   Oct. to Dec.   Other, Specify:

Date	Invoice #	Proof of payment #	Payee	Eligible Project Cost Description	Category	˙˙˙**Amount˙cZ ; fant˙: i bXg**	˙**Amount ˙cZ Match˙: i bXg**
						Grant Subtotal	**Match Subtotal**

Total Project Costs: Add together Grant Subtotal and Match Subtotal. If you used multiple pages, total all pages. | $

This is an optional worksheet that may be used to itemize all project expenses, including donated labor and donated expenses.

INSTRUCTIONS
• Attach copies of proof of expenses and payments for each item listed.
• Use additional worksheets as necessary. Include Grant Number on each sheet.
• Submit worksheet(s) together with Periodic Reimbursement Request and Periodic Grant Performance Report forms

Column Definitions
Date: Date of invoice, purchase, or service rendered. Costs incurred prior to the beginning date or after the ending date of the grant agreement are not eligible for reimbursement.
Invoice #: Number on vendor invoice or bill associated with the purchase or service.
> • If an invoice combines costs for multiple grants or expenses, identify and explain specific costs associated with each grant expense. Use as many lines as necessary.
> • For match expenses, include invoice number if match expenses are included on an invoice or bill. Otherwise, leave blank.

Proof of Payment #: Number on check or money order used to pay the expense. If there is no proof of payment number, leave this field blank.
Payee: Name of consultant, contractor, vendor, supplier, etc. to whom payment was made.
Eligible Project Cost Description (Check Grant Agreement): Describe expense briefly. Include only eligible expenses as specified
> in the project budget and grant agreement.

Category : Indicate the category for the cost. Choices: Personnel, Fringe, Travel, Equipment, Supplies, Contracts, Other.
Amount of Grant Funds: The amount of the project cost expense paid out-of-pocket. Enter only actual expenditures in this column.
Grant Subtotal: The sum of all paid expenditures listed in this column, on this page.
Amount Match: The amount of value for services, labor, equipment, etc. Enter match amounts in this column.
Match Subtotal: The sum of the value of each match item listed in this column, on this page.

Attachments required:
> • Expenditure Proof of Payment. Examples: Canceled check, with front side of check containing the amount of the check digitally printed by the bank under the signature line; Non-canceled check with bank statement showing check cleared account; payroll vouchers; Credit card statements.
> • Combined Proofs of Payment: If a proof of payment covers multiple expenses or grants, identify payments related to the particular grant expense on a copy.
> • Match Expenses: Volunteer Labor Log Sheet, or other match labor/services documentation. Include date(s), volunteer names, type of work, hours worked, pay rate and totals. Log sheets require signatures of volunteer(s) and supervisor(s).