

***ESSENTIAL GRANT  
ACCOUNTING  
AND  
FINANCIAL  
DOCUMENTATION***

*(WITH REPRESENTATIONAL SAMPLES)*



**COLORADO**

**Division of Criminal Justice**

Department of Public Safety

# ***ESSENTIAL GRANT ACCOUNTING AND FINANCIAL DOCUMENTATION***

## Table of Contents

Required Grant Accounting Elements.....	1
Required Grant Accounting Items.....	1
Required Financial Back-Up for Grant Expenditures.....	2
Required Financial Back-Up for Grant Expenditures by Budget Category Chart.....	3
Sample Chart of Accounts.....	5
Sample Subledger.....	9
Sample Timesheet.....	12
Sample Personnel Salary and Benefits Allocation.....	14
Sample Supplies and Operating Documentation.....	21
Sample Prorated Supplies and Operating Documentation.....	27
Sample Mileage Reimbursement.....	32
Sample Invoice for Professional Services.....	35
In-kind Match Sample.....	37
Cash Match Sample.....	39
Sample Cost Subledger with Indirect Costs.....	42

## Required Grant Accounting Elements

All grant expenditures must be for approved eligible items, in the approved amounts, and backed up by proper documentation.

All grant recipients must be able to demonstrate:

- that their accounting system separates revenues & expenditures by funding source for each grant award
- to what account each specific amount of funds was deposited
- that deposits are identified by the grant name and number
- that the actual grant expenditures, including cash match, equal the expenditures reported on the Financial Reports and Payment Requests submitted in ZoomGrants
- that grant expenditures have been authorized and signed by the correct person
- that invoices are notated with the grant name and appropriate approval
- that invoices indicate appropriate proportion of grant funds to the staff time or other expense, as applicable
- that grant funds and/or match expenditures in the Personnel line item are supported by timesheets
- that written or electronic timesheets indicate the amount of time charged to the grant project
- that timesheets have the signatures or digital approval of the employee and the supervisor/project director
- how in-kind or cash match is calculated, tracked and attributed to OVP grants
- that the agency has written financial policies and procedures that require internal accounting controls.

For all grants, there needs to be assurance that ***monthly reconciliation*** of the financials is taking place; that grant expenditures and accounting are ***regularly reviewed by supervising financial officers, accounting managers, or non-profit Board officers***; and that adequate ***separation of duties*** is in place in order to assure proper ***internal controls***.

## Required Grant Accounting Items

1. Current chart of accounts that shows revenue and expenditure ***accounts and codes for each individual grant***;
2. Deposit records and receipts for the grant revenue you've received, identifying each grant by name;

3. Grant subledger or transaction detail reports showing your **properly coded** grant expenditures as reported on the Financial Reports and Payment Requests submitted via ZoomGrants;
4. Accurate, **approved and coded** timesheets **with attribution notation** for grant-funded staff whose salaries were charged to each grant;
5. Source documentation for any approved supplies and operating and travel expenditures **for each individual grant** (i.e. signed, **approved and coded** invoices, mileage vouchers, expense reports marked with the grant name and number);
6. Source documentation for any approved Professional Services/Consultants/Contracts (i.e. Statement of Work, signed and dated contracts, signed and **approved and coded** invoices for work completed);
7. Source documentation of grant match expenditures such as properly approved volunteer timesheets or volunteer schedules, staff timesheets with match attribution, approved receipts with match attribution.

### **Required Financial Back-Up for Grant Expenditures**

Documentation must have the following elements clearly noted on original “time and effort” records (timesheets), receipts, invoices, and vouchers:

**What?**

- Identify the item, service, or expense that is in the approved grant budget
- Specify the actual or proportional \$ amount of the item that is being charged to the grant

**Why?**

- Make note of the purpose of the expenditure

**When?**

- Date when the expense was incurred and paid

**Who?**

- Signature or other indication of approval by an individual authorized to approve grant fund expenditures

**How?**

- Attribute the charging of the expense to the grant by grant name and number or by an account number that is clearly defined in the Chart of Accounts for the grant

REQUIRED FINANCIAL BACK-UP FOR GRANT EXPENDITURES BY BUDGET CATEGORY

<p><b>Personnel - Salary</b></p>	<ul style="list-style-type: none"> <li>• “Time and Effort” records (Written or Digital Timesheets) - Proper timesheets for grant-funded staff must contain the following 7 elements:               <ol style="list-style-type: none"> <li>1. Must reflect <b>all</b> hours worked by the staff person, and include holidays, vacation, and sick leave</li> <li>2. Must identify the dates for the time period being documented (i.e. weekly, biweekly, monthly) and be for periods of no longer than one month</li> <li>3. Must have an attribution for the amount of salary charged to the grant either by number of hours or percentage of time and indicate the grant name and number</li> <li>4. Must show the employee’s name and be signed by the employee</li> <li>5. Must be dated <b>after</b> the work was completed for the time period</li> <li>6. Must be signed by the employee’s supervisor</li> <li>7. Must reconcile to payroll records</li> </ol> </li> <li>• Grant Subledger or Transaction Detail Report must show that the appropriate percentage of salary (as outlined in the grant agreement) is being charged to the grant.</li> </ul>
<p><b>Personnel – Fringe</b></p>	<ul style="list-style-type: none"> <li>• Grant Subledger or Transaction Detail Report must show that the appropriate percentage of benefits, payroll taxes, and Worker’s Compensation are being charged to the grant(as outlined in the grant agreement); and must reconcile with payroll records.</li> </ul>
<p><b>Supplies and Operating</b></p>	<ul style="list-style-type: none"> <li>• Properly coded and approved receipts, invoices and vouchers for specific dollar amounts for items that are included in the approved grant budget.</li> <li>• Expenses should be visible in the Grant Subledger and Transaction Detail Report.</li> <li>• If only a portion of an item was approved (i.e. 50% of an item was funded) in the grant agreement, documentation must clearly indicate that the appropriate portion of the item was charged to the grant.</li> <li>• <b>*Additional Specific Guidance on Expenditures and Back-Up for Direct Assistance for Victims</b> (including emergency assistance, transportation, relocation, and housing).               <ol style="list-style-type: none"> <li>1. Gift cards and direct payments to victims are <b>not allowable</b>.</li> <li>2. Each expenditure must have proper payment authorization and approval documentation.</li> <li>3. Victim names must be redacted or protected by a coding system.</li> <li>4. Payments must be made to the same vendor name as the name that appears on leases, invoices, and vouchers.</li> </ol> </li> </ul>
<p><b>Travel</b></p>	<ul style="list-style-type: none"> <li>• Properly coded and approved receipts and mileage vouchers for specific dollar amounts for items that are included in the approved grant budget.</li> <li>• Mileage requested must be verified by Google Maps, Mapquest, or similar program.</li> </ul>
<p><b>Professional Services/ Contracts</b></p>	<ul style="list-style-type: none"> <li>• The DCJ Form 16 accompanied by the appropriate attachments (statement of work, description of procurement process and/or a signed debarment form) must be submitted and approved by OVP prior to expenditures in this line item.</li> </ul>

REQUIRED FINANCIAL BACK-UP FOR GRANT EXPENDITURES BY BUDGET CATEGORY

	<ul style="list-style-type: none"> <li>• Invoices must be signed, approved and coded to the grant and visible in the Grant Subledger or Transaction Detail Report.</li> <li>• If only a portion of the invoice is being paid with grant funds, this must be clearly indicated on the invoice and in the Grant Subledger or Transaction Detail Report.</li> <li>• Payments must be made to the same vendor name that appears on the contract/scope of work.</li> </ul>
<b>Indirect</b>	<ul style="list-style-type: none"> <li>• Total Indirect cost must appear as a line item in the Grant Subledger or Transaction Detail Report, but should <i>not</i> be itemized or allocated to specific expenses.</li> </ul>
<b>Match</b>	<ul style="list-style-type: none"> <li>• Volunteers used as in-kind match:             <ol style="list-style-type: none"> <li>1. Volunteer timesheets must be signed by both the volunteer and supervisor; clearly identify how many hours are being used as match for the grant (identified by name and grant number); and the value of each hour must be the same as the value stated in the grant agreement.</li> </ol> </li> <li>• Cash Match:             <ol style="list-style-type: none"> <li>1. Documentation must follow the same requirements as direct expenditures (i.e. the exact same back-up documentation should be submitted for cash match as that which is submitted for direct grant expenses).</li> </ol> </li> </ul>

# ***SAMPLE CHART OF ACCOUNTS***

Account		July 11, 2018 Type	Balance Total	Accnt. #
40000	Program Income	Income		40000
40000	Handbooks - 40001	Income		40001
40000	Group Support (donations) - 40002	Income		40002
41100	Direct Public Support	Income		41100
41100	Major Donors/ CO Strong - 41102	Income		41102
41100	Indiv. / General Contributions - 41000	Income		41000
41100	Board Members Contribution - 41050	Income		41050
41200	Grants - Government	Income		41200
41200	Grants - Government VOCA - 41290	Income		41290
41200	Grants - Government XXXX JD VALE - 41280	Income		41280
41200	Grants - Government XXXX JD VALE - 41210	Income		41210
41200	Grants - Government XXXX JD VALE - 41220	Income		41220
41200	COVA Scholarship - 41240	Income		41240
41200	Grants - Government XXXX JD VALE - 41250	Income		41250
41200	Grants - Government XXXX JD VALE - 41260	Income		41260
41300	Grants - Foundations	Income		41300
41500	Fundraising / Special Events	Income		41500
42800	Interest Income	Income		42800
61000	Indirect Cost - VOCA	Expense		61000
67600	Moving Cost	Expense		67600
64001	Clinical Supervision for XXXXXX Team	Expense		64001
77001	QuickBooks Pro Advisor	Expense		77001
96000	Strategic Capacity Building/Planning	Expense		96000
96000	Board Retreat - 96004	Expense		96004
96000	Governance Consultant/Training - 96002	Expense		96002
96000	Organizational Assessment / Dev. - 96001	Expense		96001
96000	Strategic Capacity Building/Planning - Other	Expense		96000
70100	Miscellaneous Expense	Expense		70100



Account		July 11, 2018 Type	Balance Total	Accnt. #
62000	Bank Fees	Expense		62000
67000	Dues and Subscriptions	Expense		67000
67700	Insurance	Expense		67700
68501	IT Support/Website	Expense		68501
69000	Licenses, Fees & Permits	Expense		69000
71000	Office Supplies	Expense		71000
71500	Postage and Delivery	Expense		71500
72000	Program Expenses	Expense		72000
72000	Graphic Design and Marketing - 72114	Expense		72114
72000	Bilingual - 72112	Expense		72112
72000	Program Expense - Other - 72001	Expense		72001
72000	Facilitator Payments - 72050	Expense		72050
72000	Clinical Supervision - 72056	Expense		72056
72000	Facilitator Payment - XXXX JD VALE - 72051	Expense		72051
72000	Facilitator Payment - XXXX JD VALE - 72052	Expense		72052
72000	Facilitator Payment - XXXX JD VALE - 72053	Expense		72053
72000	Facilitator Payment - XXXX JD VALE - 72054	Expense		72054
72000	Facilitator Payment - XXXX JD VALE - 72055	Expense		72055
72000	Facilitator Payments - Other - 72050	Expense		72050
72000	Program Presenter Fees - 72102	Expense		72102
72000	Background Checks - 72103	Expense		72103
72000	Printing - 72106	Expense		72106
72000	Outreach Expense - 72107	Expense		72107
72000	Group Room Rental - 72108	Expense		72108
72000	Program Travel/Mileage - 72120	Expense		72120
73000	Fundraising Expenses	Expense		73000
76500	Professional Services / Audit	Expense		76500
76500	Professional Services - HR Recruitment - 76501	Expense		76501

---

76500	Professional Services - Audit - Other	Expense	76500
77000	Payroll Expenses	Expense	77000
77000	Holiday Expense - 77350	Expense	77350
77000	Salary Expense - 77100	Expense	77100
77000	Hourly Expense - 77200	Expense	77200
77000	Vacation Expense - 77300	Expense	77300
77000	Health Insurance Expense - 77400	Expense	77400
77000	401K Employer Expense - 77600	Expense	77600
77000	Payroll Tax Expense - 77700	Expense	77700
77000	Payroll and HR Administration - 77750	Expense	77750
89000	Rent	Expense	89000
89600	Taxes - Denver Occupational	Expense	89600
90000	Telephone, Telecommunications	Expense	90000
90100	Professional Development	Expense	90100
90100	Executive Coaching/Development - 90103	Expense	90103
90100	COVA Conference - 90102	Expense	90102
90100	Professional Development - Other	Expense	90100
90300	Volunteer/ Staff Appreciation	Expense	90300

# ***SAMPLE SUBLEDGER***

Type	Date	Num	Memo	Class	Split	Amount
<b>REVENUE</b>						
<b>41000-Government Grants</b>						
General Journal	10/31/2017	LW-18-10.11	To Record VALE 2 as match - 20%	Vale 2 Match DV02-18-89-17	41175 Denver VALE	2186.44
General Journal	11/30/2017	LW-18-11.11	To Record VALE 2 as match - 20%	Vale 2 Match DV02-18-89-17	41176 Denver VALE	2196.44
General Journal	12/31/2017	LW-18-12.11	To Record VALE 2 as match - 20%	Vale 2 Match DV02-18-89-17	41177 Denver VALE	2196.46
<b>TOTAL Denver VALE Match Revenue</b>						<b>6589.34</b>
Invoice	10/31/2017	VOCA 10-17	SBT XXXXX Personnel Charges - Oct 2017 - VOCA @ 21.32%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1533.66
Invoice	10/31/2017	VOCA 10-17	SBT XXXXX Personnel Charges - Oct 2017 - VOCA @ 21.33%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1619.5
Invoice	10/31/2017	VOCA 10-17	SBT XXXXX Personnel Charges - Oct 2017 - VOCA @ 20.86%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1570
Invoice	10/31/2017	VOCA 10-17	SBT XXXXX Personnel Charges - Oct 2017 - VOCA @ 20.21%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1547.61
Invoice	10/31/2017	VOCA 10-17	Fringe Benefits - VOCA @ 25% (includes 4 positions)	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1059.09
Invoice	10/31/2017	VOCA 10-17	10% De Minimis - Indirect	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	729.75
Invoice	11/30/2017	VOCA 11-17	SBT XXXXX Personnel Charges - Nov 2017 - VOCA @ 21.32%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1533.66
Invoice	11/30/2017	VOCA 11-17	SBT XXXXX Personnel Charges - Nov 2017 - VOCA @ 21.33%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1619.52
Invoice	11/30/2017	VOCA 11-17	SBT XXXXX Personnel Charges - Nov 2017 - VOCA @ 20.86%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1537.7
Invoice	11/30/2017	VOCA 11-17	SBT XXXXX Personnel Charges - Nov 2017 - VOCA @ 20.21%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1580.61
Invoice	11/30/2017	VOCA 11-17	Fringe Benefits - VOCA @ 25% (includes 4 positions)	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1059.09
Invoice	11/30/2017	VOCA 11-17	10% De Minimis - Indirect	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	729.76
Invoice	12/31/2017	VOCA 12-17	SBT XXXXX Personnel Charges - Dec 2017 - VOCA @ 21.32%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1533.85
Invoice	12/31/2017	VOCA 12-17	SBT XXXXX Personnel Charges - Dec 2017 - VOCA @ 21.33%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1519.51
Invoice	12/31/2017	VOCA 12-17	SBT XXXXX Personnel Charges - Dec 2017 - VOCA @ 20.86%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1537.71
Invoice	12/31/2017	VOCA 12-17	SBT XXXXX Personnel Charges - Dec 2017 - VOCA @ 20.21%	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1580.61
Invoice	12/31/2017	VOCA 12-17	Fringe Benefits - VOCA @ 25% (includes 4 positions)	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1060.62
Invoice	12/31/2017	VOCA 12-17	10% De Minimis - Indirect	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	1479.55
Invoice	12/31/2017	VOCA 12-17	Contract Evaluation	VOCA 2015-VA-16-XXXXXX-02	11000 - Accounts Receivable	7500
<b>Total VOCA Revenue</b>						<b>32331.8</b>
<b>Total REVENUE</b>						<b>38921.14</b>
<b>50000- Compensation and Benefits</b>						
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	570.37
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	542.04
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	540.76
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	543.27
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	570.37
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	542.04
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	540.76
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	543.27
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	570.37
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	542.04
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	540.77
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to Vale 2 Match	Vale 2 Match DV02-18-89-17	50100 EE Compensation	543.28
<b>TOTAL Denver Vale Match Expense</b>						<b>6589.34</b>
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1533.66
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1619.5
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1570
General Journal	10/31/2017	LW18-10.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1547.61
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1533.66
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1619.52
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1537.7
General Journal	11/30/2017	LW18-11.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1580.61
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1533.85
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1519.51
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1537.71
General Journal	12/31/2017	LW18-12.7	XXXXX Salary to VOCA	VOCA 2015-VA-16-XXXXXX-02	50100-EE Compensation	1580.61
<b>TOTAL VOCA Expense</b>						<b>18713.94</b>

01/03/18  
 Accrual Basis

Revenue Expense Detail  
 October through December 2017

<b>BK</b>	12/11/2017	162		Interventional Program Evaluation Installment 1 Of 2	VOCA 2015-VA-16-XXXXXX-02	15000	Accounts Payable	7500
							<b>TOTAL VOCA Expense</b>	<u>7500</u>
General Journal	10/31/2017	LW18 -10.10	To Allocate	Oct 2017 Fringe Benefits to VOCA 2017	VOCA 2015-VA-16-XXXXXX-02	83700	- Fringe Benefits Cost Allocation	1059.09
General Journal	11/30/2017	LW18 -11.10	To Allocate	Nov 2017 Fringe Benefits to VOCA 2017	VOCA 2015-VA-16-XXXXXX-02	83700	- Fringe Benefits Cost Allocation	1059.09
General Journal	12/31/2017	LW18 -12.10	To Allocate	Dec 2017 Fringe Benefits to VOCA 2017	VOCA 2015-VA-16-XXXXXX-02	83700	- Fringe Benefits Cost Allocation	<u>1060.62</u>
							<b>TOTAL VOCA Expense</b>	<u>3178.8</u>
General Journal	10/31/2017	LW18 -10.10	To Allocate	Oct 2017 10% De Minimis (Indirect) to VOCA 2017	VOCA 2015-VA-16-XXXXXX-02	87000	- MTDC	729.75
General Journal	11/30/2017	LW18 -11.10	To Allocate	Nov 2017 10% De Minimis (Indirect) to VOCA 2017	VOCA 2015-VA-16-XXXXXX-02	87000	- MTDC	729.76
General Journal	12/31/2017	LW18 -12.10	To Allocate	Dec 2017 10% De Minimis (Indirect) to VOCA 2017	VOCA 2015-VA-16-XXXXXX-02	87000	- MTDC	<u>1479.55</u>
							<b>TOTAL VOCA Expense</b>	<u>2939.06</u>
							<b>TOTAL Vale 2 Expenses</b>	6589.34
							<b>TOTAL VOCA Expenses</b>	<u>32331.8</u>
							<b>TOTAL Expenses</b>	<u>38921.14</u>
							<b>NET REVENUE</b>	<u><u>0</u></u>

***SAMPLE TIMESHEET***  
***(“TIME AND EFFORT RECORD”)***

AGENCY:

XYZ Nonprofit

MONTH:

October

YEAR: 2018

Last Name:	Doe					First Name:	Jane										Full - Time	X					Part - Time						% FTE	100									
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	Hours
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Hours							

Holiday								8.00																														8.00	
Leave - Annual																																							0.00
Leave - Sick																																							0.00
Other (Describe)																																						0.00	

<b>TOTAL # OF HOURS WORKED EACH DAY</b>																																<b>0.00</b>
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------

Grant/Fund Source Name	# of Hrs	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	Hours		
21st JD Local VALE	43.00	2.00	3.00	4.00	2.00	1.00			2.00	1.00	2.00	1.00	2.00			1.00	2.00	3.00	1.00	2.00								3.00	2.00		1.00	2.00	1.00					2.00	1.00	2.00		
2015-VA-000-16-00	69.00	3.00	2.00	2.00	3.00	4.00			3.00	3.00	3.00	4.00	3.00			4.00	3.00	1.00	2.00	2.00							4.00	3.00		4.00	3.00		3.00	3.00			4.00	3.00	3.00			
2015-VW-000-16-00	72.00	3.00	3.00	2.00	3.00	3.00			3.00	4.00	3.00	3.00	3.00			3.00	3.00	4.00	5.00	4.00							1.00	3.00		3.00	3.00		4.00			2.00	4.00	3.00				

Overtime Worked																																							
Leave Without Pay																																							

Daily Total =	100%	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00		8.00	8.00	8.00	0.00	0.00	8.00	8.00					
Total Hours =																															184.00							

I certify hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period. All leave taken and/or overtime earned or taken as time off was approved and reported. Due to part-time or flexible schedules, hours each day, week, or month may vary but any full two week period (10 consecutive working days) represents the required hours to be worked.

Jane Doe      ###  
Employee Signature      Date

Becky Sue      10/31/2018  
Supervisor Signature      Date

***SAMPLE PERSONNEL SALARY AND  
BENEFITS ALLOCATION***



**PERSONNEL**

Position # 1	Annual Budget Year 1 (CY19)	% Paid by Grant (CY19)	Total to be Paid by Grant for 1st year	Annual Budget Year 2 (CY20)	% Paid by Grant (CY20)	Total to be Paid by Grant for 2nd year	Total to be Paid by Grant for 2 years
<b>Name: Jane Doe</b>							
<b>Title: Victims Advocate</b>							
<b>Salary</b>	\$34,320	30.00%	\$10,296	\$35,693	30.00%	\$10,708	\$21,004
<b>Fringe/Benefits</b>	\$5,491	30.00%	\$1,647	\$5,711	30.00%	\$1,713	\$3,360
<b>TOTAL</b>	<b>\$39,811</b>	<b>30.00%</b>	<b>\$11,943</b>	<b>\$41,404</b>	<b>30.00%</b>	<b>\$12,421</b>	<b>\$24,364</b>

Hours per week position works for agency: **35** Total Grant \$ Position #1 **\$24,364**

**Type Position #1 budget narrative & justification below:**

The Victims Advocate works 40 hours/week, 100% dedicate to CVS-funded project. A 4% increase in current CVS funding for this position is requested for CY2019 and CY2020 to support Board-approved COL increases to more appropriately compensate staff and reduce turnover. CVS support is 30% of the salary and fringe benefits for 2019 and 2020.

**ABC Victims Advocacy**  
**VOCA Grant # 2018-VA-19-xxx-xx**  
**Labor Distribution/Payroll**  
 Pay Period 01/01/2019 - 03/31/2019

<b>Employee Name</b>	<b>Date</b>	<b>Salary</b>	<b>Fringe Benefits</b>	<b>VOCA %</b>	<b>VOCA Salary Portion</b>	<b>VOCA Fringe Benefits Portion</b>
Doe, Jane	1/15/2019	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	1/31/2019	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	2/15/2019	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	2/28/2019	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	3/15/2019	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	3/29/2019	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
		<b>\$ 8,580.00</b>	<b>\$ 1,372.75</b>		<b>\$ 2,574.00</b>	<b>\$ 411.83</b>

ABC Victims Advocacy  
Transaction Detail - VOCA  
January through March 2019

	Source Reference	Type	Date	Name	Source Name	VOCA	Total
Salaries	Payroll #1	Check	1/15/2019	OVP VOCA	Doe, Jane	\$ 429.00	\$ 429.00
	Payroll #2	Check	1/31/2019	OVP VOCA	Doe, Jane	\$ 429.00	\$ 429.00
	Payroll #3	Check	2/15/2019	OVP VOCA	Doe, Jane	\$ 429.00	\$ 429.00
	Payroll #4	Check	2/28/2019	OVP VOCA	Doe, Jane	\$ 429.00	\$ 429.00
	Payroll #5	Check	3/15/2019	OVP VOCA	Doe, Jane	\$ 429.00	\$ 429.00
	Payroll #6	Check	3/29/2019	OVP VOCA	Doe, Jane	\$ 429.00	\$ 429.00
						\$ 2,574.00	\$ 2,574.00
Fringe Benefits	Payroll #1	Check	1/15/2019	OVP VOCA	Payroll Taxes	\$ 68.64	\$ 68.64
	Payroll #2	Check	1/31/2019	OVP VOCA	Payroll Taxes	\$ 68.64	\$ 68.64
	Payroll #3	Check	2/15/2019	OVP VOCA	Payroll Taxes	\$ 68.64	\$ 68.64
	Payroll #4	Check	2/28/2019	OVP VOCA	Payroll Taxes	\$ 68.64	\$ 68.64
	Payroll #5	Check	3/15/2019	OVP VOCA	Payroll Taxes	\$ 68.64	\$ 68.64
	Payroll #6	Check	3/29/2019	OVP VOCA	Payroll Taxes	\$ 68.64	\$ 68.64
						\$ 411.84	\$ 411.84
<b>Total PERSONNEL</b>					<b>Total Personnel Expenditures</b>	<b>\$ 2,985.84</b>	<b>\$ 2,985.84</b>

# ABC Victims Advocacy

Month: January Year: 2019

First Name: Jane Last Name: Doe

Position: Victims Advocate

Day	First Pay Period of the Month															Second Pay Period of the Month															Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31
Worked		10	4	10			5	6	10	4	10			5	6	10	4	10			10	4	10	5			6	10	4	5	148	
Holiday	6																				6										12	
Sick Leave																															0	
Vacation																															0	
Flextime used																															0	
Other																															0	
Total Hours	6	10	4	10	0	0	5	6	10	4	10	0	0	5	6	10	4	10	0	0	6	10	4	10	5	0	0	6	10	4	5	160

Fund/Source	Grant #																																					% of Time
CVS/VOCA	2018-VA-19-xxx-xx	1.8	3	1.1	3.5	0	0	1.4	1.6	3.5	1.1	3	0	0	1.4	1.6	3.5	1.1	3.5	0	0	1.8	2.7	1.1	3.5	1.4	0	0	1.6	3	1.1	1.4	48.46	30%				
VALE	xxxxx																																				0	
DVP	xxxxx																																				0	
OVW	xxxxx	3.6	6.2	2	6.2	0	0	3.1	3.7	6.2	2	6.2	0	0	3.1	3.7	6.2	2	6.2			3.6	6.2	2	6.2	3.1			3.7	6.2	2	3.1	96.04	60%				
City Human Service		0.6	0.9	0.9	0.4	0	0	0.6	0.7	0.4	0.9	0.9	0	0	0.6	0.7	0.4	0.9	0.4			0.6	1.2	0.9	0.4	0.6			0.7	0.9	0.9	0.6	15.75	10%				

I certify hours and minutes show herein as a complete and accurate record of time worked each day for the reporting period. All leave taken and/or flextime earned or taken as time off was approved and reported. Due to part-time or flexible schedules, hours each day, week, or month may vary but any full two week period (10 consecutive business days) represents the required

Jane Doe 1/31/2019  
Employee Signature Date

Mary Smith 2/6/2019  
Supervisor Signature Date  
Supervisor Name: Mary Smith

# ABC Victims Advocacy

Month: February Year: 2019

First Name: Jane Last Name: Doe

Position: Victims Advocate

Day	First Pay Period of the Month															Second Pay Period of the Month															Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Worked	10			5	6	10	4	10			5	6	10	4	10				10	4	10	5			5	6	10	4			134
Holiday																		6													6
Sick Leave																															0
Vacation																															0
Flextime used																															0
Other																															0
Total Hours	10	0	0	5	6	10	4	10	0	0	5	6	10	4	10	0	0	6	10	4	10	5	0	0	5	6	10	4	0	0	140

Fund/Source	Grant #																													% of Time				
CVS/VOCA	2018-VA-19-xxx-xx	2.7			1.4	1.6	3.5	1.1	3.5			1.4	1.6	3.5	1.1	3.5			1.6	2.7	1.1	3.5	1.4			1.4	1.6	3.5	1.1			42.6	30%	
VALE	xxxxx																																0	
DVP	xxxxx																																0	
OVW	xxxxx	6.2			3.1	3.7	6.2	2	6.2			3.1	3.7	6.2	2	6.2			3.7	6.2	2	6.2	3.1			3.1	3.7	6.2	2			84.36	60%	
City Human Service		1.2			0.6	0.7	0.4	0.9	0.4			0.6	0.7	0.4	0.9	0.4			0.7	1.2	0.9	0.4	0.6			0.6	0.7	0.4	0.9			13.34	10%	

I certify hours and minutes show herein are a complete and accurate record of time worked each day for the reporting period. All leave taken and/or flextime earned or taken as time off was approved and reported. Due to part-time or flexible schedules, hours each day, week, or month may vary but any full two week period (10 consecutive business days) represents the required

Jane Doe 2/28/2019  
Employee Signature Date

Mary Smith 3/6/2019  
Supervisor Signature Date  
Supervisor Name: Mary Smith

# ABC Victims Advocacy

Month: March Year: 2019

First Name: Jane Last Name: Doe

Position: Victims Advocate

Day	First Pay Period of the Month															Second Pay Period of the Month															Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31
Worked	10			5	6	10	4	10			10	5	6	4	10			6	10	4	5	10			10	4	5	6	10	150		
Holiday																															0	
Sick Leave																															0	
Vacation																															0	
Flextime used																															0	
Other																															0	
Total Hours	10	0	0	5	6	10	4	10	0	0	10	5	6	4	10	0	0	6	10	4	5	10	0	0	10	4	5	6	10	0	0	150

Fund/Source	Grant #																																	% of Time	
CVS/VOCA	2018-VA-19-xxx-xx	2.7			1.4	1.6	3.5	1.1	3.5			3.5	1.4	1.6	1.1	3.5			1.6	2.7	1.1	1.4	3.5			3.5	1.1	1.4	1.6	2.7			45.3	30%	
VALE	xxxxx																																		
DVP	xxxxx																																		
OVW	xxxxx	6.2			3.1	3.7	6.2	2	6.2			6.2	3.1	3.7	2	6.2			3.7	6.2	2	3.1	6.2			6.2	2	3.1	3.7	6.2			90.51	60%	
City Human Service		1.2			0.6	0.7	0.4	0.9	0.4			0.4	0.6	0.7	0.9	0.4			0.7	1.2	0.9	0.6	0.4			0.4	0.9	0.6	0.7	1.2			14.49	10%	

I certify hours and minutes show herein as a complete and accurate record of time worked each day for the reporting period. All leave taken and/or flextime earned or taken as time off was approved and reported. Due to part-time or flexible schedules, hours each day, week, or month may vary but any full two week period (10 consecutive business days) represents the required

Jane Doe 3/31/2019  
Employee Signature Date

Mary Smith 4/6/2019  
Supervisor Signature Date  
Supervisor Name: Mary Smith

***SAMPLE SUPPLIES AND OPERATING  
DOCUMENTATION***

SAVE MONEY. LIVE BETTER.

WALMART

[REDACTED]

[REDACTED]

[REDACTED]

PURCHASE:

GV WHEAT BRD	\$1.50
GAIN PWDR	\$6.27
SCOTT 20 1100	\$12.97
GV SUGAR	\$4.90
GAIN PWDR	\$6.27
+%	TAX: \$0.00

TOTAL: \$32.07

PAYMENT METHOD: CREDIT CARD  
TRANSACTION #154338679 -001  
DATE: 2/25/16 10:22:45 AM

Household Items 25.51

Shelter Food 656

THANK YOU



3/31/2016 10:55:13AM

G/L Chart of Accounts - Short Form (GLCHTA01)

From Account No. [ ] To [ZZ]  
 From Account Group [ ] To [ZZZZZZZZZZZZZZZZZZZZ]  
 From PROGRAM [510] To [610]  
 From DEPARTMENT [172] To [172]  
 Sort By [Account No.]  
 Exclude Inactive Accounts [No]

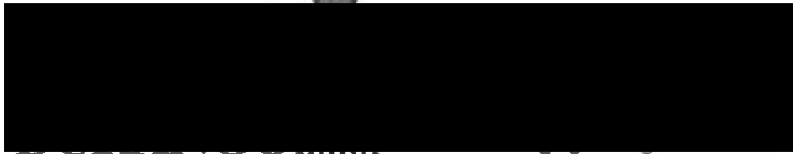
Account Number	Description	Status	Acct Config.	Post In	Structure Code	Cntl Acct.	Alloc. by
5505-4-610-172-02-30-2	GOVERNMENT- VOCA	Active	I,DR,F	Detail	ALL		
7002-4-610-172-02-00-0	PROFESSIONAL SALARIES	Active	I,DR,F	Detail	ALL		
7004-4-610-172-02-00	PROJECT & OTHER MANAGERS	Active	I,DR,F	Detail	ALL		
7009-4-610-172-02-00-0	OTHER STAFF SALARIES	Active	I,DR,F	Detail	ALL		
7103-4-610-172-02-00-0	HEALTH INSURANCE	Active	I,DR,F	Detail	ALL		
7104-4-610-172-02-00-0	PENSION AND RETIREMENT	Active	I,DR,F	Detail	ALL		
7201-4-610-172-02-00-0	FICA	Active	I,DR,F	Detail	ALL		
7202-4-610-172-02-00-0	UNEMPLOYMENT TAX	Active	I,DR,F	Detail	ALL		
7203-4-610-172-02-00-0	WORKER'S COMPENSATION	Active	I,DR,F	Detail	ALL		
8104-4-610-172-02-00-0	FOOD (approved for victims in shelter)	Active	I,DR,F	Detail	ALL		
8105-4-610-172-02-00-0	LAUNDRY	Active	I,DR,F	Detail	ALL		
8200-4-610-172-02-00-0	TELEPHONE	Active	I,DR,F	Detail	ALL		
8400-4-610-172-02-00-0	RENT OF SPACE	Active	I,DR,F	Detail	ALL		
8403-4-610-172-02-00-0	INSURANCE, GENERAL & LIABILITY	Active	I,DR,F	Detail	ALL		
8405-4-610-172-02-00-0	UTILITIES	Active	I,DR,F	Detail	ALL		
8413-4-610-172-02-00-0	BLDG & GROUNDS MAINTENANCE	Active	I,DR,F	Detail	ALL		

16 accounts printed

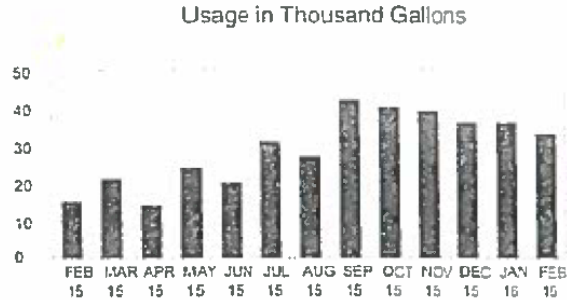
# Accounts Payable Invoice Transmittal

Vendor Name: <i>Walmart</i>							
Invoice #: <i>605600144936</i>							
Invoice Date: <i>2/25/16</i>							
Acct #	Div #	Prog #	Dept #	sis #	Rev #	R/U#	
4 digits	1 digit	3 digits	3 digits	2 digits	2 digits	1 digit	\$ Amount
<b>8104</b> - household items/laundry	<i>4</i>	<i>610</i>	<i>172</i>	<i>02</i>	<i>00</i>	<i>0</i>	<b>\$25.51</b>
<b>8105</b> -shelter food	<i>4</i>	<i>610</i>	<i>172</i>	<i>02</i>	<i>00</i>	<i>0</i>	<b>\$6.56</b>
						Total Amt.	<b>\$32.07</b>
1 <sup>st</sup> Approval: <i>[Signature]</i>				2 <sup>nd</sup> Approval: <i>[Signature]</i>			
Comments: <i>Please Bill VOCA 2015-VA-11-000000000 for all expenses</i>							

PAID  
Mar 22 2016



# City **Utility** Service Bill



<b>Account Number</b>	<b>Bill Date</b>
[REDACTED]	02/20/2016
<b>Billing Service Period</b>	
01/04/2016 to 02/04/2016 31 Days	
<b>Service Address</b>	
[REDACTED]	

Service	Prior Meter Reading	Current Meter Reading	Consumption in thousand gallons	Service Amount
Balance Forward				\$442.42 <i>Paid</i>
Water Base				\$14.33
Water Consumption				\$228.28
Sewer Base				\$16.54
Sewer Consumption	582	615	33	\$156.40
Spring/Fall Clean-up				\$1.50
Trash Comm Dumpster			17	\$54.07
Single Stream Comm w/ Trash				\$9.73
Trash Comm Dumpster				\$6.48
<b>TOTAL AMOUNT DUE BY</b>			03/11/2016	\$929.75
<b>IF PAID 30 DAYS AFTER DUE DATE</b>				\$939.75

FOR BILLING INQUIRIES PLEASE CALL (970)375-[REDACTED] 7:30 A.M. AND 4:30 P.M., OR EMAIL US AT f [REDACTED]

# Accounts Payable Invoice Transmittal

Vendor Name: <i>City of Durango</i>							
Invoice #: 5985001				Invoice Date: 2/20/16			
Acct #	Div #	Prog #	Dept #	sis #	Rev #	R/U#	
4 digits	1 digit	3 digits	3 digits	2 digits	2 digits	1 digit	\$ Amount
8405	4	610	172	02	00	0	\$487.33
						Total Amt.	\$487.33
1 <sup>st</sup> Approval: <i>[Signature]</i>				2 <sup>nd</sup> Approval: <i>[Signature]</i>			
Comments: Please Bill VOCA 2015-VA-11-0000-12-00 for 100% of expense							

PAID  
Mar 22 2016

***SAMPLE PRORATED SUPPLIES AND  
OPERATING DOCUMENTATION***

Supplies & Operating Item	Item Calculations	Total to be Paid by Grant Funds
Mobile Support Cell Phones	Cell phone service for 3 phones approx. \$76/month x 24 months = \$1824 x 75% = \$1368	\$1,368
<b>TOTAL Supplies &amp; Operating:</b>		<b>\$1,368</b>
<b>Supplies &amp; Operating Budget Narrative/Justification below:</b>		
<p>Mobile phone access for the three project staff is necessary to facilitate survivor access to advocate and coordinate resources for clients. 75% of cell phone use will be for direct client services for this project.</p>		



PO BOX 4005  
ACWORTH, GA 30101-9006

0000984 04 MB 1.377 \*\*AUTO TR 0 5706 80304-322335 -C23-P00984-11



**Verizon Wireless News**

**Important Information – Bill Due Date Change**

Please note that your bill due date has changed, review the "Need to Know" page on the back of your bill for further information.

Manage Your Account	Account Number	Date Due
<a href="http://www.vzw.com/mybusinessaccount">www.vzw.com/mybusinessaccount</a>	365471516-00001	01/29/18
Change your address at <a href="http://sso.verizonenterprise.com">http://sso.verizonenterprise.com</a>	Invoice Number	9799345148

**Quick Bill Summary**

Dec 07 – Jan 06

Previous Balance <i>(see back for details)</i>	\$87.85
Payment – Thank You	-\$87.85
<b>Balance Forward</b>	<b>\$0.00</b>
Monthly Charges	\$50.70
Usage and Purchase Charges	
Voice	\$13.00
Messaging	\$.56
Data	\$5.33
Surcharges and Other Charges & Credits	\$6.03
Taxes, Governmental Surcharges & Fees	\$.90
<b>Total Current Charges</b>	<b>\$76.52</b>

**Total Charges Due by January 29, 2018      \$76.52**

Pay from phone

Pay on the Web

Questions:

1-800-922-0204 or \*611 from your phone



Invoice Number 9799345148 Account Number 365471516-00001 Date Due 01/29/18 Page 3 of 23

Overview of Shared Usage

	Participating Lines as of 01/06/18	Lines Exceeding Allowance after Share	Shared Allowance	Shared Usage	Shared Billable	Cost
Data - Flexible Business Share	1	0	2.000GB	.196GB	0GB	---

Overview of Lines

Page 30 of 44

Lines Charges	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Other Charges and Credits	Taxes, Governmental Surcharges and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
New Line 1	4	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
New Line 2	5	\$0.00	\$7.07	---	\$0.62	\$0.05	---	\$7.74	34	---	---	---	---	---
New Line 3	7	\$0.00	\$0.18	---	\$0.22	\$0.05	---	\$0.45	---	---	---	---	---	---
New Line 5	8	\$0.00	\$4.04	---	\$0.50	\$0.05	---	\$4.59	30	---	---	---	---	---
New Line 6	9	\$0.00	\$0.54	---	\$0.22	\$0.05	---	\$0.81	---	---	---	---	---	---
New Line 7	10	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
New Line 8	11	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
New Line 9	12	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
New Line 10	13	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
Victim Advocates	14	\$0.00	\$0.36	---	\$0.22	\$0.05	---	\$0.63	---	---	---	---	---	---
Victim Advocates	15	\$0.00	\$0.18	---	\$0.22	\$0.05	---	\$0.45	---	---	---	---	---	---
Victim Advocates	16	\$0.00	\$0.18	---	\$0.23	\$0.05	---	\$0.46	1	---	---	---	---	---
Victim Advocates 00001	17	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
Victim Advocates 00001	18	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
	19	\$0.00	---	---	\$0.22	\$0.05	---	\$0.27	---	---	---	---	---	---
	20	\$0.00	\$2.18	---	\$0.30	\$0.05	---	\$2.53	8	---	---	---	---	---
	21	\$0.00	\$4.16	---	\$0.39	\$0.05	---	\$4.60	12	12	---	---	---	---
	22	\$50.70	---	---	\$1.35	\$0.05	---	\$52.10	391	62	.196GB	---	---	---
<b>Total Current Charges</b>		<b>\$50.70</b>	<b>\$18.89</b>	<b>\$0.00</b>	<b>\$6.03</b>	<b>\$0.90</b>	<b>\$0.00</b>	<b>\$76.52</b>						



VOUCHER

SUPP:OP #1

Date: 1/26/18

Voucher Number: 20-18 043

To: Verizon

For: \_\_\_\_\_ Check #: 30660

Date Written: \_\_\_\_\_ Date Mailed: 1/29 Authorized by: \_\_\_\_\_

Account Charged To	Amount
5410-005	<del>24.42</del> 24.42
5410-198-008	52.10

76.52

30660

Verizon Wireless

Date	Type	Reference
1/29/2018	Bill	9799345148

Original Amt.
76.52

Balance Due
76.52

1/29/2018

Discount

Check Amount

Payment
76.52
76.52

Cash - Checking

76.52

CHEQUELINK 720-890-4711(L81064L8) 8316194

# ***SAMPLE MILEAGE REIMBURSEMENT***

**Daily Trip Sheet Monthly Summary**

NAME: \_\_\_\_\_

OFFICE: Alamosa Office

USE FOR MILEAGE JULY 1, 2017-JUNE 30, 2018

DATE SUBMITTED: April 2, 2018

((REQUIRED FIELDS))  
ODOMETER READING

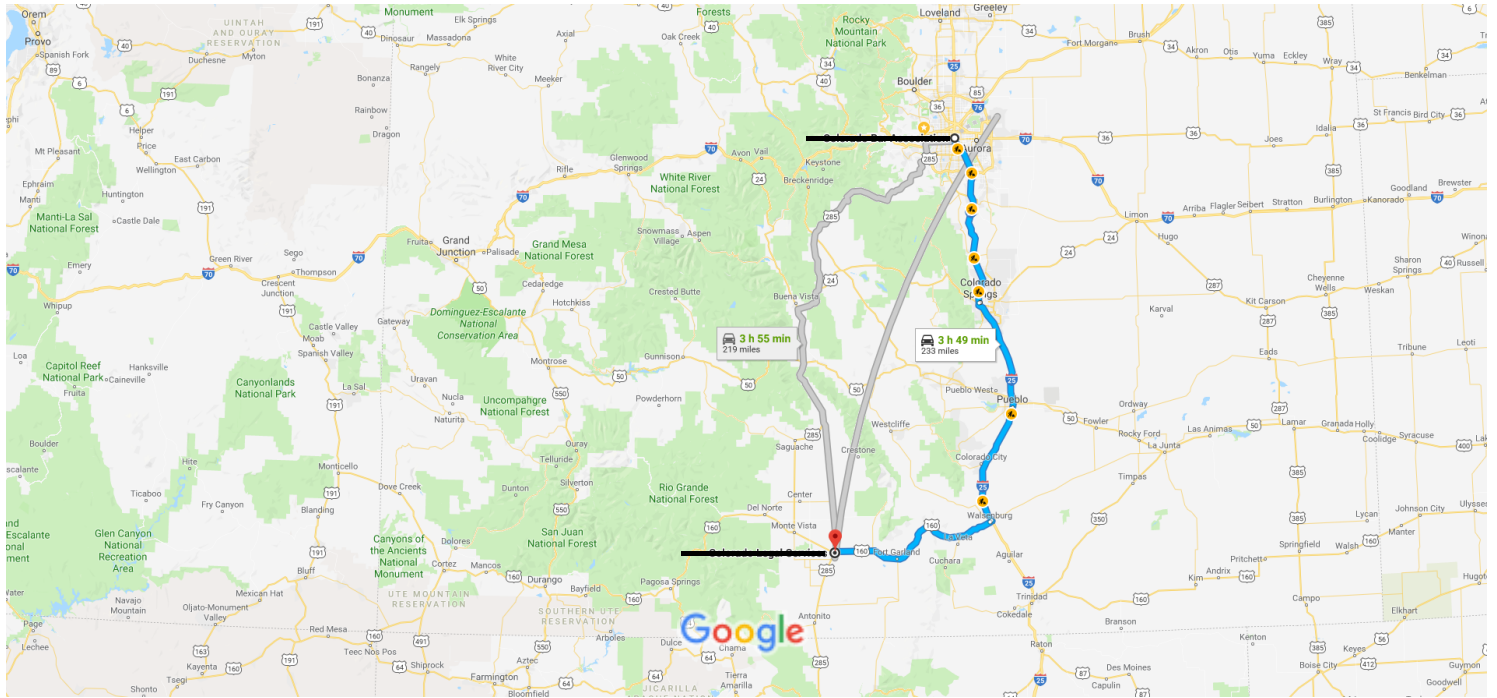
DATE	GRANT# OR PROJECT #	DESTINATION	PURPOSE OF TRIP (Client name, program, etc.)	BEGINNING	ENDING	MILES	AMT	PARKING	Misc.	TOTAL
3/22/18	32 VOCA	CLE CI Large Classroom in Denver	Family Law Spring Update CLE	57000	57219	219	\$95.27	-	-	\$95.27
3/23/18	32 VOCA	Alamosa, Co	Returning home after Family Law CLE	57219	57438	219	\$95.27	-	-	\$95.27

I hereby certify that the foregoing statements are true and correct and represent actual expenses incurred in performance of my official duties as an employee of Colorado Legal Services.

Signed: [Signature]

Supervisor's Approval: [Signature]

Accounting Office Approval: _____
Director's Approval: _____
Prepared By: _____
Check No: 5013
Accounting Code: 32VOCA
Total Amount Payable: <b>\$190.53</b>



Map data ©2018 Google 20 mi



via I-25 S and US-160 W

3 h 49 min

Fastest route now due to traffic conditions

233 miles



via US Hwy 285 S

3 h 55 min

219 miles



Denver, CO—Alamosa, CO

1 h

from \$187

## ***SAMPLE INVOICE FOR PROFESSIONAL SERVICES/CONTRACTS***

*(DCJ Form 16, a copy of the contract or statement of work, and a description of the procurement process utilized, must also be submitted to OVP for approval prior to expenditures for professional services.)*

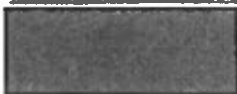
Example of Consultants/Contractor Invoice

**invoice**

date: 9/19/2018

invoice # 7624

bill from:



bill to:



client # 1257

date	staff	description	hours	rate	amount
For Professional Services Rendered					
8/22/2018	LP	Court Appearance: PPO hearing two appearances	5.00	\$0.00	\$750.00
Total:					\$750.00

Thanks for your business!

\*Bill to VOCA - Lawyers Project grant

## ***IN-KIND MATCH SAMPLE***

# MARCH 2018

SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
				1 <i>lg</i> DANAH 15	2 <i>lg</i> LUCIA 15	3 <i>lg</i> LUCIA 22 DV TRAINING
4 <i>lg</i> LUCIA 22	5 <i>lg</i> DANAH 15	6 <i>kv</i> KATHIE 15	7 <i>lv</i> LINDA 15	8 <i>lg</i> DANAH 15	9 <i>lv</i> LINDA 15	10 <i>lv</i> LINDA 22
11 <i>lv</i> LINDA 22	12 <i>lg</i> DANAH 15	13 <i>kv</i> KATHIE 15	14 <i>ms</i> MARCY 15	15 <i>ms</i> MARCY 15	16 <i>lg</i> LUCIA 15	17 <i>lg</i> LUCIA 22
18 <i>lg</i> LUCIA 22	19 <i>lg</i> LUCIA 15	20 <i>kv</i> KATHIE 15	21 <i>ms</i> MARCY 15	22 <i>lv</i> LINDA 15	23 <i>lv</i> LINDA 15	24 <i>lv</i> LINDA 22
25 <i>lv</i> LINDA 22	26 <i>lg</i> DANAH 15	27 <i>kv</i> KATHIE 15	28 <i>ms</i> MARCY 15	29 <i>ms</i> MARCY 15 Hotline Meeting	30 <i>lg</i> LUCIA 15	31 <i>lg</i> LUCIA 22

PHONE LINES ARE TRANSFERRED TO A VOLUNTEER AT CLOSE OF BUSINESS, 4:30 P.M. & RETURNED TO OFFICE STAFF AT 8:30 A.M. THE NEXT DAY, MON.-FRI. FOR 16 HOURS TOTAL COVERAGE EACH DAY, OF WHICH 15 ARE UNPAID VOLUNTEER HOURS. WEEKEND & HOLIDAY COVERAGE IS FRI. 4:30 P.M. – MON 8:30 A.M. FOR 24 HOURS TOTAL COVERAGE EACH DAY, OF WHICH 22 ARE UNPAID VOLUNTEER HOURS ON WEEKENDS AND 21 ARE UNPAID VOLUNTEER HOURS ON HOLIDAYS.

Verified by:

CC

██████████ Bilingual Victim Advocate/Hotline Coordinator

DANAH: 719-588-██████████
KATHIE: 719-580-██████████
LINDA: 719-580-██████████
LUCIA: 719-298-██████████
MARCY: 719-580-██████████
CONSUELO: 719-849-██████████
PATRICIA: 719-849-██████████

TOTAL HOURS OF COVERAGE =  
528 hours @ \$15/hr = \$7920

VOCA IN-KIND MATCH =  
\$2,373/\$7,920 = +/- 29.97%



## ***CASH MATCH SAMPLE***

AGENCY NAME  
MONTH: | YEAR:  
YEAR: 2018

Last Name:	Doe	First Name:	Jane							Full-Time:	X					Part-Time %						FTE %	100%					Flex Time:	Y / N					Flex Schedule:						9 / 9 hr days						4 / 10 hr days					
Day of Week	Sa	Su	M	T	W	TH	F	Sa	Su	M	T	W	TH	F	Sa	Su	M	T	W	TH	F	Sa	Su	M	T	W	TH	F	Sa	Su	M	T	W	TH	F	Sa	Su	Hours													
Holiday (Must fill in hours for Holiday)																																						0.00													
Annual Leave				8.00																																		8.00													
Sick Leave									4.00																													4.00													
Funeral Leave																																						0.00													
Other (Describe)																																						0.00													
<b>Leave Total:</b>	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.00														

Grant/Fund Source Name	Grant Number	Activity																																		Hours		
2018 VOCA Grant	VA12345-00	Vic Services			0.00	0.00	3.00	0.00	0.00					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
DVP Grant		Vic Services			1.00	1.00	0.50	1.00	1.00					1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	22.50
Local VALE (VOCA Match)		Vic Services			1.00	1.00	0.50	1.00	1.00					1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	22.50	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
																																					0.00	
<b>Daily Total:</b>	0%	0%	0.00	0.00	2.00	2.00	4.00	2.00	2.00	0.00	0.00	2.00	2.00	2.00	2.00	2.00	0.00	0.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	48.00		
																																	<b>Total Hours =</b>	48.00				

Notes:

I certify that the hours shown herein are a complete and accurate record of time worked each day and for the reporting period. All leave taken and/or overtime earned or taken as time off was approved and reported. I also certify that my actual % worked in the various account names is accurate. If the % reflected in the actual column is different from the projected Time Memo column, than an adjusting entry will be processed to reflect the changes necessary. Due to part-time or flexible schedules, hours each day, week, or month may vary but any full two week period (10 Consecutive working days) represents the required hours to be worked.

Jane Doe 10/31/2018  
 Employee Signature Date

Becky Sue 10/31/2018  
 Supervisor Signature Date

Aggregate Spreadsheet  
Cash Match



VOCA Grant  
2nd Quarter 2018

STAFF MATCH						Match %	Actual Salary	Final Salary
Last Name	First Name	April 2018	May 2018	June 2018	2nd Quarter Total Hours			
[REDACTED]	[REDACTED]	1,602.17	1,602.17	1,602.17	4,806.50	25%	76,904.00	6,408.67
[REDACTED]	[REDACTED]	1,055.00	1,055.00	1,055.00	3,165.00	15%	84,400.00	7,033.33
[REDACTED]	[REDACTED]	872.50	872.50	872.50	2,617.50	15%	69,800.00	5,816.67
[REDACTED]	[REDACTED]	459.38	459.38	459.38	1,378.13	5%	110,250.00	9,187.50
<b>Total</b>		<b>3,989.04</b>	<b>3,989.04</b>	<b>3,989.04</b>	<b>11,967.13</b>			

\*Backed up by employee timesheets

\*The portion of staff salaries used as match are funded by non-federal unrestricted funds

***SAMPLE COST LEDGER WITH  
INDIRECT COSTS***

### **10% De Minimus Indirect Costs Calculation**

Indirect costs are those costs that could be understood to generally benefit the organization but cannot be tied to or readily allocated to a specific project or activity. If you've been approved for the 10% de minimus indirect cost rate, your reported indirect cost expenditure must be exactly 10%, to the penny, of your eligible reported direct expenses charged to the grant. **For reporting on this grant, Indirect is a percentage of what was expended each quarter - not the sum of specific expenses.** Please note, however, that **office rent is not an eligible expense** to include in the calculation of your 10% Indirect for the quarter, nor should match expenses (neither in-kind or cash) be included in the calculation.

"Indirect" must appear as a line item in the grant subledger or transaction detail report. However, by virtue of the definition, indirect costs cannot and should not be itemized or posted as specific expense items for a particular program in the grant subledger or transaction detail report. Therefore, an itemized breakout of expenses under the Indirect line item should not be shown, nor should receipts/invoices be provided for those items.

Examples of correct calculations for Indirect expenditures for the quarter *correctly rounded up or down* are the following:

- Total grant expenditures for the quarter of \$22,464.06 (*not including rent*) X 10% = \$2,246.406, correctly rounded up to \$2,246.41. This would appear as an Indirect line item in your subledger with just the total expenditure of \$2,246.41 and no detail or itemization.
- Or, if total grant expenditures for the quarter were \$22,464.03 (*not including rent*), the correct calculation would be \$22,464.03 X 10% = \$2,246.403 correctly rounded down to \$2,246.40.

**\*The exception to the 10% calculation** - Indirect cost cannot be calculated and included on the portion of any Professional Services/Consultants expenditure that exceeds \$25,000.00 per individual.

VOCA 1/2018 - 12/31/18  
**VOCA 2018**  
 January through March 2018

	<u>Jan - Mar 18</u>
Ordinary Income/Expense	
Income	
4300 · Government Grants/Contracts	24,476.93
Total Income	24,476.93
Expense	
66000 · *Payroll Expenses	
5000 · Payroll Expenses	
5010 · Salaries & Wages	
5020D Program Manager	4,625.01
5017 · Executive Director	6,412.50
5018 · Direct Service Coordinator	2,992.16
5020B · Chief Program Officer	3,965.76
Total 5010 · Salaries & Wages	<u>17,995.43</u>
Total 5000 · Payroll Expenses	<u>17,995.43</u>
Total 66000 · *Payroll Expenses	17,995.43
66001 · Fringe/Benefits & Taxes	
5020 · Employee Benefits	
5023 · F&B -Direct Service Coordinator	440.28
5028 · F&B - Executive Director	887.49
5032 · F&B - Chief Program Officer	605.76
5034 · F&B - Program Manager	772.50
Total 5020 · Employee Benefits	<u>2,706.03</u>
Total 66001 · Fringe/Benefits & Taxes	2,706.03
66002 · Supplies and Operating	
6002 · Rent	455.01
Total 66002 · Supplies and Operating	455.01
66006 · Client Financial Assistance	1,136.65
66025 · Indirect	2,183.81
Total Expense	<u>24,476.93</u>
Net Ordinary Income	0.00
Net Income	<u>0.00</u>