


General Instructions for Requesting a Reimbursement



WVDEP SUB GRANT REQUEST FOR FUNDS

Request Number: 5
(must be consecutive)

		WVDEP Use Only	
Date:	7/15/2024	Encumbrance #:	24*1234
Sub Recipient Name:	A Great Place	OASIS Vendor Id:	*234567
Sub Recipient Contact:	Ima Saint	Total Amount Requested:	\$5000
Sub Recipient Address:	123 Main St	Funding Period:	3/1/2024 - 6/30/2024
	Citytown, WV 25555-0001	CFDA #	Only for federal funds
Sub Recipient FEIN:	55-1234567	SAM UEI	GYR123EYH156 Exp Date: 1/1/2025
Phone No:	(304) 555-1234	Project name or grant number	
Email:	info@greatplace.org		

COMMENTS:

Project Description: A great project

SUB RECIPIENT APPROVALS	WVDEP APPROVALS
Ima Saint, Executive Director	<i>Ann Engineer</i> 7/16/2024
Sub Recipient Printed Name and Title	Engineer Approving Signature Date
Ima Saint 7/15/2024	<i>Guy Inspector</i> 7/16/2024
Sub Recipient Official Signature Date	Inspector Approving Signature Date
	<i>Finn Official</i> 7/17/2024
	Financial Approving Official's Signature Date

If your grant uses Federal funds, please provide your SAM/UEI expiration date.

Completing the Request for Funds form

- The **Request Number** must be consecutive with prior requests. To ensure that your payments are processed in a timely manner, try not to send more than one request per month. You can, however, include multiple months on a single request.
- The **Date** is the date you are submitting the request.
- The **Total Amount Requested** is the total of expenses being reimbursed with this request.
- The **Funding period** is not the grant dates, but the time covered by this request. All attached invoices or receipts should fall within these dates.
- NOTE – The Subrecipient Name and Address** match the name and address we have on file - **Do Not Change Them Here.** If you need to update your address, contact the WVDEP to submit a new W-9.
- You may update the **Contact person**, but please be sure to let the WVDEP know when the point of contact changes.

Confirm your back-up documentation is complete and accurate – check your math

- Provide **an invoice from your agency/company/organization** for the work to be reimbursed. Be sure the invoice date(s) match what you have provided on the **Request for Funds** form.
- Check that all the receipts or invoices (or if the work done reflected on the invoice) are within the **invoice funding period**.
- Make sure there is back-up documentation for **ALL** expenses. The back-up documentation should have:
 - An invoice/service/payment **date** – and this date must fall within the **Funding Period**
 - A company/entity/person's **name** – who did you pay?
 - Purchase **details** – what did you pay for?
 - A **total** – if the grant is only covering part of the invoice, please note how much.
- Mileage and Travel** - **Names, # of miles, rate, and purpose** must be provided.
- Payroll** - **Names, rates, hours, and any relevant percentages** must be provided.
- If you have **Indirect costs** on your invoice, we must have documentation of your rate/calculation and the billed amount must match that rate.
- Make sure expenses are **within budget** and clearly and correctly labeled to match the budget.

Please note – This is a general explanation. Your grant program may have additional required forms or documentation.