



Guidance on Reimbursement Packet Submission

Reimbursement Packets

The Subrecipient Reimbursement Request Form must include the submission date, a unique reimbursement request number similar to an invoice number, and be signed by an authorized official. Copies/scans of documents should be clear and, when possible, in portrait orientation.

Organization of the Packet

If a receipt or supporting documentation contains multiple charges or purchases, highlight the line items applicable to the program grant agreement with the City of Fresno.

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Supporting Documentation Required

Subrecipients/awardees should include source documentation that supports the expense (i.e. invoice) and proof of payment (i.e. receipt). The type of supporting documentation required will depend on the activity that is being funded and the type of expenses incurred for those activities. Below are examples of common expenses and examples of acceptable supporting documentation.

Please note that not all of the expenses below may be applicable to a given grant/activity and are presented as examples only.

PAYROLL EXPENSES

For payroll expenses submit copies of paystubs or payroll expense records to support the total expense.

If supporting documentation includes multiple staff members, highlight staff members billed to the program grant agreement.

Payroll					
Page #		1			
Company Name		ABC Corporation			
Date	Employee Name	Amount	Charges	Credits	Balance
08/20	Sally Xyz	375.00			
08/20	Joe ABC	250.00			
08/20	Jane MNO	425.00			
08/20	Sam QRS	210.00			
08/20	Michael EFG	325.00			
08/20	Mary VWX	395.00			

Submit copies of full tour of duty timesheet(s) signed by employee and supervisor.

Full tours of duty timesheets account for all hours worked and identify the hours worked on the City funded program.

Employee NAME: John Deaux Employee ID: 12345
 Department: Jane Smyth Pay Period: 4/12/2021-4/25/2021
 Supervisor: Jane Smyth

DATE	Project 1		Project 2		Project 3		Totals	Notes
	Hours	Job ID	Hours	Job ID	Hours	Job ID		
4/12/2021	4	City of Fresno	2	General admin	2	State project	8	
4/13/2021	2	City of Fresno	4	General admin	2	State project	8	
4/14/2021	6	City of Fresno	2	General admin	0	State project	8	
4/15/2021	2	City of Fresno	5	General admin	1	State project	8	
4/16/2021	5	City of Fresno	2	General admin	1	State project	8	
4/17/2021								
4/18/2021								
4/19/2021	4	City of Fresno	2	General admin	2	State project	8	
4/20/2021	6	City of Fresno	1	General admin	1	State project	8	
4/21/2021	4	City of Fresno	4	General admin	0	State project	8	
4/22/2021	5	City of Fresno	3	General admin	0	State project	8	
4/23/2021	2	City of Fresno	0	General admin	6	State project	8	
4/24/2021								
4/25/2021								
					TOTAL:		80	

City of Fresno	40
General Admin	25
State Project	15
TOTAL	80

SIGNATURES	
EMPLOYEE: _____	Date: _____
SUPERVISOR: _____	Date: _____

CITY OF FRESNO

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If staff work on more than one activity, cost objective, or program (i.e. they do not spend 100% of their time working on the City funded program), include a notation to show what portion of the expense is allocated to the program grant agreement. This can be included as a note on the documentation or as an attached allocation chart. Please note that the portion of the expense allocated to the program must be supported by the signed timesheets. For example, if an individual's time sheet shows that they worked 20 of the 40 hour week on the City funded program, the portion of the expense allocated to the program grant agreement must not exceed 50%.

Employee NAME: John Deaux Employee ID: 12345
Department: Supervisor: Jane Smyth Pay Period: 4/12/2021-4/25/2021

	Project 1		Project 2		Project 3		Totals	Notes
DATE	Hours	Job ID	Hours	Job ID	Hours	Job ID		
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4/25/2021								
						TOTAL:	80	

City of Fresno	40
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State Project	15
TOTAL	80

50% allocated to City of Fresno

SIGNATURES	
EMPLOYEE: _____	Date: _____
SUPERVISOR: _____	Date: _____

SUPPLIES

For costs of supplies submit an invoice (when applicable) with a receipt of payment. Receipts detailing the items purchased and proof of payment will also be accepted.

TARGET
EXPECT MORE, PAY LESS

Fresno West - 559-275-7059
3150 W Shaw Ave
Fresno, California 93711-3215
10/20/2020 07:41 PM

LAUNDRY CLEANING AND CLOSET
003020709 CLEANERS T \$2.99
NON RETAIL
004100019 TARGET BAG N P \$0.00
Bag Fee \$0.10
✓ STATIONERY & OFFICE SUPPLIES
081021291 DRYERSE MRKR T \$13.98
2 @ \$6.99 ea

SUBTOTAL \$17.07
T = CA TAX 7.97500 on \$16.97 \$1.35
TOTAL \$18.42
* VISA CHARGE \$18.42 ✓
AID: A000000031010
VISA CREDIT
AUTH CODE: 032099

Your Target Circle savings are in! Open the Target App or visit Target.com/Circle to see your benefits.

Plumbing, Inc.
555 N Plumbing Dr.
Fresno, CA 93727
559-555-0000

Date: 1/15/2020 Invoice #: 5555

Bill To Address: City of Fresno, Example Drive, FRESNO CA 93721

Job Address: 133 Customer Drive, FRESNO CA 93721

Customer Phone: 559-555-0110 Job #: 4343 Terms: Net 30 Service Rep: BBC Technicians:

Qty	Description	Rate	Amount
	DRAIN DOWN BOTH HEATERS, REMOVED & ABANDONED SOLAR HEAT SYSTEM. REPLACED 40 GAL NAT GAS WATER HEATER. INSTALLED NEW PRESSURE RELIEF DRAIN LINE TO THE EXTERIOR BUILDING. INSTALLED NEW SEDIMENT TRAP ON GAS LINE BEFORE PILOT. INSTALLED NEW EMERGENCY SHUT OFF VALVE, SUPPLY LINES, AND SEISMIC SAFETY TRAPS. TESTED FOR LEAKS AND FUNCTIONALITY.	3,200.00	3,200.00
	PAYMENTS RECEIVED:		\$0.00
	A LATE FEE OF 10% OF THE TOTAL BALANCE OR \$25.00 WHICHEVER IS GREATER WILL BE ASSESSED EACH MONTH ON ALL INVOICES 30 DAYS OVERDUE.		
Thanks to customers like you, we are celebrating 25 years in business in 2019!			Balance Due \$3200.00 ✓

CITY OF FRESNO

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If a portion of a bill will be allocated to the program grant agreement, include a notation to show how the allocation was calculated. The method of the allocation must also be documented and provided with your reimbursement request.



INVOICE

Date: 1/1/2021
INVOICE# 1234

Bill to: Name
 Compay Name
 Street Address
 City, St Zip Code

Salesperson	Payment Terms	Due Date
Bob	Due on receipt	1/15/2021

Description	Amount
Paper	\$ 80.00
Printer ink	\$ 40.00
Total:	\$ 120.00

Total invoice amount: \$120
50% allocated to City of Fresno
program
 $120.00 \times .5 = \$60.00$

For rent the first reimbursement request must include the rental agreement stating the monthly rental amount. Also required is the rental bill and a receipt of payment.

For utilities, the bill or invoice must be included with a receipt of payment or proof of check.

City of
CYCLE BILL
page 1 of 2

Utilities Billing & Collection Division
2600 Fresno St. • Fresno, CA 93721-3609
(559) 621-6888 • www.fresno.gov/utiltybill

Cycle/Route:

06-98

Account Summary

Bill Date: 12/18/2020

Customer Name:

Account Number:

Service Address:

Service Period thru:

Account Balance:

Due Date:

Current Billing Summary

Previous Balance		\$602.00
Payments		\$692.00
Adjustments		\$0.00
Balance Forward		\$0.00

Total SANITATION Charges

Sanitation	6.23	6.23
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Total SEWER - POT METERED Charges

Potable Swr Conn Low	334.05	335.34
Pretreatment Cat 3	1.29	

Total OTHER WATER SERVICES Charges

Boltflow Prev Prg Fee	2.00	2.00
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Total WATER - METERED Charges

Wtr Mtr Service Chg	35.30	35.30
Consumption	539.70	

Important Message

ONE DAY OUTDOOR WATERING SCHEDULE starts
November 1

Odd Numbered Addresses (ending in 1,3,5,7,9) can water on
 Saturdays only

Even Numbered Addresses (ending in 0,2,4,6,8) can water on
 Sundays only

No watering between 10AM and 6PM

Due to health concerns regarding the outbreak of COVID-19
 our offices at Manchester Center and City Hall will be closed
 until further notice. Phone lines will still be open during
 business hours. For updated information call 559-621-6888 or
 check the city website at www.fresno.gov

Happy Holidays from the City of Fresno

Consumption Detail						
Read Date	Service	Meter #	Meter Size	Current Read	Previous Read	Consumption
1100	WA	13055551	2"	6372900	6143000	230.17 HCF

1 HCF (Hundred Cubic Feet) = 748 GALS (Gallons)

RECEIVED DEC 17

0525P0410.16.006/98/01:1100: FRS-000 M00001 F000001

[REDACTED]		To: CITY OF FRESNO	Check Date: [REDACTED]
			Check Number: [REDACTED]
Invoice Number	Date	Description	Net Amount
[REDACTED]	11/30/2020	[REDACTED]	\$147.26
	11/30/2020		\$163.94
	11/30/2020		\$33.27
	11/30/2020		\$15.24
	11/30/2020		\$33.27
	11/30/2020		\$21.99
	11/30/2020		\$33.27
	11/30/2020		\$16.21
	11/30/2020		\$33.52
	11/30/2020		\$55.50
	11/30/2020		\$24.42
Total of other paid invoices			\$1,160.96
Totals:			\$1,738.85

OTHER IMPORTANT NOTES

Copies of supporting documents must be clear and legible.

All costs must be allowable according to 2 CFR 200 and all other applicable federal rules and regulations. Any expenses included that are not allowable will be deducted from the amount reimbursable.

Expenses included in the general ledger or reimbursement request form that do not have supporting documentation will be deducted from the amount reimbursable.