

Technical Assistance Guide

Fiscal Year 2018-2019



Table of Contents

I. Purpose of the Technical Assistance Manual.....	3
II. Reimbursement Requests.....	3
III. Form Details	3
1) Agency Certification of Monthly Reimbursement Request Form.....	4
2) Monthly Reimbursement Request Form	4
3) Monthly Salary Detail Form.....	4
4) Administrative Detail Form.....	5
5) Line Item Tabulation Form	5
6) Food and Nutrition Line Item Form.....	5
7) Fuel Receipt Form	5
8) Vehicle Mileage Log Form	5
9) Start-Up Funds Request Form.....	5
10) Gift Card Log Form	5
11) 12-Month Reimbursement Summary Form.....	5
12) 12-Month Salary Detail Form	6
IV. Reimbursement Request Organization	6
V. Budget Transfers.....	7
Example Form (Budget Transfer Request)	7a
Tips in Preparing Budget Transfers.....	7

The mission of the Children's Services Council is to improve the quality of life for all children in St. Lucie County.

I. Purpose of the Technical Assistance Manual

The Technical Assistance Manual was compiled to facilitate a complete and accurate Reimbursement Request using the appropriate forms and in accordance to the policies set forth in the Fiscal Policy Manual. The required forms are included in the excel workbook and will be emailed before the start of the Fiscal Year. Together, the Fiscal Policy Manual and the Technical Assistance Guide are part of your contract with CSC.

CSC Fiscal staff are available for on-site Technical Assistance support with the policies and procedures for fiscal compliance. New Agencies and existing Agencies with new staff are encouraged to request an appointment.

II. Funding By Reimbursement

Reimbursement Basis: The Children's Services Council funds providers on a reimbursement basis only. Receipts and proof of Agency payment are required for every expenditure submitted for reimbursement. Documentation for all expenditures should be submitted every month with the Monthly Reimbursement Request Form. Please use the line item tabulation forms to organize your reimbursement documentation and in the same order of line items per the Monthly Reimbursement Request Form.

No Request: If there are no expenses for the month, please submit the Agency Certification form indicating there is "No Request" as official notification to CSC. Sign and submit to CSC by the due date.

Current Month Expenditures: Reimbursements are made only for the month just completed. Submit your reimbursements in a timely manner. Requests for reimbursements of expenditures in previous months should not be submitted. Prior fiscal year expenses are not eligible for reimbursement. Keep reimbursement requests current. Any exception to this rule should be for extraordinary reasons. A written explanation and sufficient documentation to verify that the expenditure has not previously been reimbursed should be submitted. Complete documentation should be submitted every month with the Monthly Reimbursement Request form for all line items.

III. Form Details

The forms utilized in the reimbursement and fiscal processes of CSC are listed and explained below. All forms are provided in an excel workbook format that will be emailed to you. Use the excel file to complete the required monthly forms on your computer. Each form can be accessed by clicking on the appropriate tab at the bottom of your excel workbook screen. Remember that any cell with blue print should not be altered because it will change a formula or a link. The Actual Year-to-Date Column

has been linked to the 12-Month Reimbursement Summary. If you start your reimbursement request by first filling in the 12-Month Reimbursement Summary by line item for the month at hand, the Year-to-Date column on the Monthly Reimbursement Request will automatically be updated. The same procedure can be used for the Monthly Salary Detail by first completing the 12-Month Salary detail.

The following forms are required to be submitted each month to receive a reimbursement as they relate to your approved budget. Example forms section of this manual for example forms listed below. Your Excel file provides you with the following forms. Samples of each form are in this manual on the pages indicated.

1) Agency Certification of Monthly Reimbursement Request Form (sample p. 8)

This form is an attestation, by both the accountant/bookkeeper who prepared the reimbursement and the Executive Director who oversees the program, that the Reimbursement Request is a true and accurate representation of the use of CSC funds. Both the Executive Director and the Accountant/Bookkeeper must sign this form. Keep the contact information current with the name, telephone number and email address of the person that can answer questions about the reimbursement request. This form is required for each monthly request.

2) Monthly Reimbursement Request Form (sample p. 9)

This form provides for the presentation of expenses incurred for the month by line item and is required for each monthly request. The following details the function of each column:

Approved Budget-This column reflects the budget by line item as approved by Council for the fiscal year. These amounts cannot be changed unless a budget transfer request is submitted and approved.

Actual Expense This Month-This column is your presentation of the current month's expenditures for which you are requesting reimbursement. These figures should be based on actual expenses. Support documentation must be included for each expenditure claimed and submitted with the appropriate summary form.

Actual Expense Year-to-Date-This column is a cumulative figure of the actual expenditures claimed and reimbursed for the fiscal year. For example, the October Reimbursement Request would have the same figures for Actual Expense This Month and Actual Expense Year-to-Date. For the November Reimbursement Request, the Actual Expense Year-to-Date would include both the October and November figures to provide a cumulative total. The Actual Year-to-Date Column has been linked to the 12-Month Reimbursement Summary. If you start your reimbursement request by first filling in the 12-Month Reimbursement Summary by line item for the month at hand, the Year-to-Date column on the Monthly Reimbursement Request will automatically be updated. The same procedure can be used for the Monthly Salary Detail.

% of Budget Expended Year-to-Date-This column is to show the cumulative amount expended year-to-date as a percentage of the total approved budget. For example, if the approved budget for Salaries is \$12,000 and the Actual Expense Year-to-Date is \$4,000, then the % Expended Year-to-Date would be 33.33% ($\$4,000 \div \$12,000 \text{ Approved Budget}$).

3) Monthly Salary Detail Form (sample p. 10)

This form provides for a presentation of the Salary line item by each position budgeted. This detail is required because the Salary line item is budgeted by position and position budgets may not be over expended by more than 5% of the approved budget for the position as long as the total budgeted Salary line item is not over expended. A Budget Transfer Request form may be submitted for approval to change amounts budgeted by position line item. For guidance on the function of each column, refer to the definitions provided above for the Monthly Reimbursement Request Form. Please fill in the name of the employee in each position and notify CSC in writing when any changes are made

before submitting the new employee's salary for reimbursement. This form is a requirement only if Salaries are funded.

4) Administrative Detail Form (sample p. 11)

This form provides for an explanation of the Administrative line item by detailing each position and related FICA, Worker's Compensation and Re-employment charged to the Administrative line item. This form is a requirement only if Admin Costs are funded.

5) Line Item Tabulation Form (sample p. 12)

This form provides for summarizing the expenses for each line item so that CSC fiscal staff can easily track the individual expenses and receipts that comprise each line item total. Please use this form to facilitate tracking individual expenses to each line item total. The Budget Line Item title should be the same as the titles used on the Monthly Reimbursement Request Form e.g. FICA, Retirement, Life/Health, etc. Note that Salaries, Administrative Costs and Food & Nutrition have their own specific summary form and do not require a Line Item Tabulation form. Cut and attach the appropriate form to the front of each line item's set of support documentation. The line item tabs are required.

6) Food and Nutrition Line Item Form (sample p. 13)

This form provides for summarizing expenses for food and nutrition and for documenting the use of the food. A listing of program clients is required if the food is from a restaurant, regardless of whether the meal was take-out or dine-in. Note that food purchases are for clients only. Attach this form to the front of the documentation/receipts for the food and nutrition line item. This form is a requirement only if Food & Nutrition is funded.

7) Fuel Receipt Form (sample p. 14)

This form provides for documentation of fuel purchased for agency-owned vehicles. Expenses for fuel are allowable only for agency-owned vehicles that are used for the contracted CSC program. The form provides a space to attach the fuel receipt and requires vehicle and purchase information. Note that a Vehicle Mileage Log must also be submitted for every vehicle for which fuel purchases are made. A Vehicle Mileage Log template is provided within the excel workbook. This form is a requirement only if fuel for agency-owned vehicles is funded.

8) Vehicle Mileage Log Form (sample p. 15)

This form provides for documentation of mileage traveled for the purpose of the CSC funded program. The mileage recorded should support the level of fuel purchases requested for reimbursement. This form, or a similar Agency version, is a required document in support of the Fuel Receipt Form.

9) Start-Up Funds Request Form (sample p.16)

Start-up funds are best used for the set-up of initial operations of a program rather than for on-going operational expenses. For example, the use of start-up funds for the purchase of necessary supplies, furniture, or equipment would be appropriate because these would be one-time expenses needed to start the program. Refer to the Fiscal Policy Manual for qualifying circumstances and procedures.

10) Gift Card Log Form (sample p. 17)

This form documents the distribution of incentive and support gift cards to clients as approved within the program's budget. Only the total amount of gift cards distributed in the reporting month can be claimed for reimbursement. This form is required only if gift cards are an approved expense on the Specific Assistance line per the Budget Narrative.

11) 12-Month Reimbursement Summary Form (sample p. 18)

This form presents a summary for the Reimbursements completed from October through September. The tab is colored green to locate easily and it referred to as the first of two "green sheets". Some cells display a blue font which indicates a link or formula is in place and must not be overridden. This

form is not required to be submitted with the Reimbursement Request each month but should be updated for an accurate and current budget status. CSC Fiscal staff will email the “green sheets” upon scheduling payment and will reflect actual mounts paid by line item. Please take the time to review and then update this form accordingly.

Budget-The figures displayed in this column are pre-populated from a link to the Monthly Reimbursement Request Form and contain the approved Budget.

Expenditures by Month-The current month’s expenditures should be entered as initially requested for reimbursement for the reporting month. These figures should match the expenditure amounts in the Actual Expense This Month column on the Monthly Reimbursement Request Form for initial submission. Entering figures on the 12-Month Summary for the month at hand before entering on the Monthly Reimbursement Request Form ensures the Year-To-Date column will be updated. Note the Salaries have a blue font and will pre-populate from the 12-Month Salary Detail Form. Upon scheduling payment from CSC, the “green sheets” will be emailed back to you with the actual expenditures paid. Reconciling notes of deductions or additions will be indicated at the bottom of the 12-Month Summary Form. This should be reviewed and then update the expenditures for the month as they were paid.

Total-This column is a cumulative total of expenditures for the Fiscal Year. Remember to update the line item expenditures with actual reimbursed figures upon CSC payment. Doing so will reflect an accurate Total paid and Balance available.

Balance-This column represents the amount of Budget available for current and future reimbursements. The figures in this column are the calculated difference between the Budget and Total columns. For an accurate Balance expenditures must be entered in the reporting month and then updated with actual CSC reimbursement amounts.

12) 12-Month Salary Detail Form (sample p. 19)

This form provides presents a summary for the Salary line item by position from October through September. The tab is colored green to locate easily and it referred to as the second of two “green sheets”. Some cells display a blue font which indicates a link or formula is in place and must not be overridden. For guidance on the function of each column please refer to the explanation above for the 12-Month Reimbursement Form. This form is not required to be submitted with the Reimbursement Request each month but should be updated for an accurate and current budget status. CSC Fiscal staff will email the “green sheets” upon scheduling payment and will reflect actual mounts paid by line item. Please take the time to review and then update this form accordingly.

IV. Reimbursement Request Organization

A complete and orderly Reimbursement Request is important to facilitate payment as quickly as possible. Organizing documentation of expenditures in the order listed on the Monthly Reimbursement Request Form will be helpful to your preparation process as well as to the monthly desk audit performed by CSC fiscal staff. Please submit the Reimbursement Request in the following order:

- 1) Agency Certification Form (signatures required).
- 2) Monthly Reimbursement Request Form.
- 3) Monthly Salary Detail Form followed by appropriate support documentation for salaries.
- 4) Line Item Tab with corresponding support documentation for each line item being requested. Please submit for expenditures in order as listed on the Monthly Reimbursement Request Form. Utilize the appropriate summary forms for Fuel and Food & Nutrition instead of the Line Item Tab.
- 5) Admin Detail Form followed by appropriate support documentation for Admin salaries.

The 12-month summary forms, "12-Month Reimbursement Summary" and "12-Month Salary Detail", are not required as part of the monthly reimbursement request submission. These forms should be maintained each month to properly calculate YTD values and reconcile your submission with actual CSC reimbursement.

V. Budget Transfers

Budget Transfer Requests must be submitted on the Budget Transfer Request Form (see form-p. 7a). The prescribed form provides for an analysis of the Current Budget, the Transfer Amount, and the Revised Budget for each line item being affected by the transfer. In preparing this form, the total additions should be the same as the total subtractions for a net effect of \$0 or no dollar effect on the total budget. The total Current Budget should equal the total Revised Budget. A narrative explanation of the request must be provided in the "Explanation of Request" section of the form or on a separate attached sheet for each line item, whether adding or subtracting funds. The form must be signed by the Executive Director of the agency overseeing the program as well as by the preparer from the Accounting department. In reviewing and approving a Budget Transfer Request, CSC staff will consider the impact on the program.

Refer to the Fiscal Policy Manual for timing requirements and approval thresholds.

Tips in Preparing Budget Transfers

1. Use of the Budget Transfer Form is required. It will help ensure accuracy.
2. If moving dollars within the Salaries line item, you must present the change to each position. This detail is necessary to enable tracking the budget by position.
3. If moving dollars from the Salaries line item to another line item OR if moving dollars to the Salaries line item from another line item, REMEMBER that the decrease or increase in total Salaries will affect the amount needed in the FICA line item. Remember to adjust FICA when changing the total of the Salaries line item.
4. Include a detailed explanation of the request - why funds are available/needed in line items.
5. You can transfer no more than the amount left in a particular line item—the balance. For example, you cannot transfer \$1,000 out of a line item if you only have a balance of \$500 in that line item.
6. Make sure that the Budget Transfer Request is signed in the Agency Certification Section at the bottom left of the form.
7. Please date and sequentially number your Budget Transfer Requests.
8. Be sure to use the Current Budget of a line item in the designated column. Any prior budget transfers involving the same budget line item should already be updated to the line's current budget figure.
9. Use the budget transfer log to keep track of transfers made throughout the FY. The log is a tab in the Excel file.

Example Form (Budget Transfer Request)

The form on the following page (p. 7a) provides an example of a Budget Transfer Request by a fictitious program. This completed form shows how columns and rows should add. To help ensure accuracy in your Budget Transfer Request, use the Excel computer worksheet template that includes formulas to calculate the total transfer amount, the additions, the subtractions, the net effect, and the revised budget amounts.

**CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY
BUDGET TRANSFER REQUEST**

AGENCY NAME: BETTER OUR COMMUNITY, INC.
PROGRAM NAME: ABC PROGRAM

DATE: 10.31.18
CHANGE NO: 1

BUDGET LINE ITEM	CURRENT BUDGET	TRANSFER AMOUNT	REVISED BUDGET
ADDITIONS:			
Salaries:			-
Case Worker/Amy Johnson	10,000.00	800.00	10,800.00
Case Worker/ Mary Smith	12,000.00	1,000.00	13,000.00
Life/Health	4,000.00	350.00	4,350.00
			-
SUBTRACTIONS:			
Salaries:			-
Case Worker/Jane Doe	20,000.00	(1,800.00)	18,200.00
Utilities	3,600.00	(350.00)	3,250.00
			-
			-
TOTAL	49,600.00		49,600.00
TOTAL ADDITIONS		2,150.00	
TOTAL SUBTRACTIONS		(2,150.00)	
NET EFFECT			

EXPLANATION OF REQUEST (Please explain the change you are proposing including why additional funds are needed in certain line items and why funds are available in other line items).

Salaries: To accommodate Jane Doe who took maternity leave, Amy Johnson and Mary Smith have increased their hours.

Life/Health: More program staff have elected the employer paid health insurance option.

Utilities: Due to conservation efforts, utility bills have decreased making funds available in this line item.

Note: All budget transfers previously approved must be incorporated into the current budget figures presented herein.

AGENCY CERTIFICATION	CSC APPROVAL
Accounting: _____ <i>Ann England</i> _____	Dir. Finance/HR: _____ Thomas Jefferson Date
Executive Director: _____ <i>Gloria Gaswell</i> _____	Executive Director: _____ Sean Boyle Date

CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY

AGENCY CERTIFICATION
OF
MONTHLY REIMBURSEMENT REQUEST

FOR: _____
(Month/Year)

AGENCY NAME: TEST

PROGRAM NAME: TEST

FYE: _____ AUDIT DUE DATE: _____

CSC USE ONLY:

>FYE Date of Last Audit on File _____

>Audit Current? Yes _____ No _____

The undersigned certify that the information contained in this report is a true and accurate representation of the use of CSC funds as of the date of this report.

Prepared By: _____
Accountant/Bookkeeper Signature Date

Approved By: _____
Executive Director Signature Date

Fiscal Contact: _____
Name Telephone# Email

CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY
MONTHLY REIMBURSEMENT REQUEST
FISCAL YEAR 2018/2019-OCTOBER 1, 2018 THRU SEPTEMBER 30, 2019

AGENCY NAME: TEST

Date: _____

PROGRAM NAME: TEST

Report Period: _____

EXPENDITURES	Approved Budget	Actual Expense This Month	Actual Expense Year-to-Date	% of Budget Expended Year-to-Date
Salaries	0.00	0.00	0.00	NO BUDGET
FICA			0.00	NO BUDGET
Retirement			0.00	NO BUDGET
Life/Health			0.00	NO BUDGET
Workers Compensation			0.00	NO BUDGET
Re-Employment			0.00	NO BUDGET
Travel (Daily)			0.00	NO BUDGET
Travel/Conferences/Training			0.00	NO BUDGET
Office Supplies			0.00	NO BUDGET
Telephone			0.00	NO BUDGET
Postage/Shipping			0.00	NO BUDGET
Utilities			0.00	NO BUDGET
Occupancy (Building & Grounds)			0.00	NO BUDGET
Printing & Publications			0.00	NO BUDGET
Subscriptions/Dues/Memberships			0.00	NO BUDGET
Insurance			0.00	NO BUDGET
Equipment: Rental & Maintenance			0.00	NO BUDGET
Advertising			0.00	NO BUDGET
Equipment Purchases: Capital Expense			0.00	NO BUDGET
Professional Fees (Legal, Consulting)			0.00	NO BUDGET
Books/Educational Materials			0.00	NO BUDGET
Food and Nutrition			0.00	NO BUDGET
Administrative Costs	0.00	0.00	0.00	NO BUDGET
Audit Expense			0.00	NO BUDGET
Specific Assistance to Individuals			0.00	NO BUDGET
Other/Miscellaneous			0.00	NO BUDGET
Other/Contract			0.00	NO BUDGET
TOTAL	0.00	0.00	0.00	#DIV/0!

BUDGET LINE ITEM: _____

	<u>Vendor/Description</u>	<u>AMOUNT</u>	Receipt* <u>Attached</u>
Invoice 1:	_____	_____	<input type="checkbox"/>
Invoice 2:	_____	_____	<input type="checkbox"/>
Invoice 3:	_____	_____	<input type="checkbox"/>
Invoice 4:	_____	_____	<input type="checkbox"/>
Invoice 5:	_____	_____	<input type="checkbox"/>
Invoice 6:	_____	_____	<input type="checkbox"/>
TOTAL FOR LINE ITEM:		<u><u>-</u></u>	

BUDGET LINE ITEM: _____

	<u>Vendor/Description</u>	<u>AMOUNT</u>	Receipt* <u>Attached</u>
Invoice 1:	_____	_____	<input type="checkbox"/>
Invoice 2:	_____	_____	<input type="checkbox"/>
Invoice 3:	_____	_____	<input type="checkbox"/>
Invoice 4:	_____	_____	<input type="checkbox"/>
Invoice 5:	_____	_____	<input type="checkbox"/>
Invoice 6:	_____	_____	<input type="checkbox"/>
TOTAL FOR LINE ITEM:		<u><u>-</u></u>	

BUDGET LINE ITEM: _____

	<u>Vendor/Description</u>	<u>AMOUNT</u>	Receipt* <u>Attached</u>
Invoice 1:	_____	_____	<input type="checkbox"/>
Invoice 2:	_____	_____	<input type="checkbox"/>
Invoice 3:	_____	_____	<input type="checkbox"/>
Invoice 4:	_____	_____	<input type="checkbox"/>
Invoice 5:	_____	_____	<input type="checkbox"/>
Invoice 6:	_____	_____	<input type="checkbox"/>
TOTAL FOR LINE ITEM:		<u><u>-</u></u>	

BUDGET LINE ITEM: _____

	<u>Vendor/Description</u>	<u>AMOUNT</u>	Receipt* <u>Attached</u>
Invoice 1:	_____	_____	<input type="checkbox"/>
Invoice 2:	_____	_____	<input type="checkbox"/>
Invoice 3:	_____	_____	<input type="checkbox"/>
Invoice 4:	_____	_____	<input type="checkbox"/>
Invoice 5:	_____	_____	<input type="checkbox"/>
Invoice 6:	_____	_____	<input type="checkbox"/>
TOTAL FOR LINE ITEM:		<u><u>-</u></u>	

* Attach receipt/invoice and proof of agency payment then check column to indicate it's attached.

Attach adding machine tape if this tabulation sheet is hand written. Use only the designated and approved budget line item names.
USE ONLY 1 LINE ITEM TAB PER BUDGET LINE.



Cut along dotted lines to separate line item tabs.

LINE ITEM: **FOOD AND NUTRITION**

	<u>Vendor/Description</u>	<u>AMOUNT</u>	Receipt ¹ <u>Attached</u>	Is Food Purchase for Pantry ² <u>at Program Site or Restaurant?</u>	If Restaurant, is list of <u>persons eating attached?</u>
Invoice 1:	_____	_____	_____	_____	_____
Invoice 2:	_____	_____	_____	_____	_____
Invoice 3:	_____	_____	_____	_____	_____
Invoice 4:	_____	_____	_____	_____	_____
Invoice 5:	_____	_____	_____	_____	_____
Invoice 6:	_____	_____	_____	_____	_____
TOTAL FOR LINE ITEM:		-			

RESTAURANT CLIENT LISTING

Invoice # (from above listing): _____ Restaurant: _____

Purpose of Restaurant Meal: _____

Names of Clients

Names of Clients

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

¹ Attach receipt, accounting system documentation, etc and check column to indicate it is attached. Attach adding machine tape if this tabulation sheet is hand written.

² For restaurant receipts, attach a list of persons eating. Also include purpose of restaurant meal.

-----NOTE: Program funds for food and nutrition are intended for program clients ONLY.-----

FUEL RECEIPT FORM

Attach Fuel Receipt Here

Vehicle Owned By: _____
(Company vehicles only) (Agency Name)

Description of Vehicle _____
(Make, Model, Year, Color)

Vehicle Tag # _____

Person Filling Tank _____

Signature of Fueler _____
(Sign Here or on Gas Receipt)

Date of Purchase _____

\$ Amount of Purchase _____

NOTE: A Vehicle Mileage Log must be included for every vehicle for which fuel purchases were made. Attach the log to Fuel Receipts sheets to provide documentation of usage of vehicle for CSC program purposes.

FUEL RECEIPT FORM

Attach Fuel Receipt Here

Vehicle Owned By: _____
(Company vehicles only) (Agency Name)

Description of Vehicle _____
(Make, Model, Year, Color)

Vehicle Tag # _____

Person Filling Tank _____

Signature of Fueler _____
(Sign Here or on Gas Receipt)

Date of Purchase _____

\$ Amount of Purchase _____

NOTE: A Vehicle Mileage Log must be included for every vehicle for which fuel purchases were made. Attach the log to Fuel Receipts sheets to provide documentation of usage of vehicle for CSC program purposes.

CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY
START-UP FUNDS REQUEST FORM

A maximum of 25% of awarded funds can be issued in advance to start a new program or to provide for a major expansion of an existing program. This form must be completed to request start-up funds. The Council must approve the request for start-up funds. Start-up funds must be paid back during the fourth, fifth, and sixth months of billing.

Agency: _____ Program: _____

Total Contract Award: \$ _____ Start-Up Funds Requested: \$ _____

1. Proposed Use of Start-Up Funds: _____

2. Why Start-Up Funds are critical to the delivery of this program: _____

3. Agency Signature and Date:

Agency Executive Director _____ Date _____

(FOR CSC OFFICE USE ONLY)

CSC Staff Recommendation: _____ Approval _____ Denial _____ Other _____
Date _____

Council Action: _____ Approval _____ Denial _____ Other _____
Date _____

Sean Boyle, Executive Director _____ Date _____

GIFT CARD LOG

Vendor: _____

Month: _____

Purchase ¹			Distribution ²		
Date	Card Amount	Card Number	Client Name	Purpose	Client Signature
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					
	\$ -				

1 Please attach receipt for purchase of Gift Card. Enter each gift card purchased on a separate line with value of card and gift card number denoted.

2 Please enter information to describe how the card was used.

-----NOTE: Program funds for gift cards are intended for program clients ONLY.-----

CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY
 12-MONTH REIMBURSEMENT SUMMARY
 FISCAL YEAR 2018/2019-OCTOBER 1, 2018 THRU SEPTEMBER 30, 2019

AGENCY NAME: TEST

PROGRAM NAME: TEST

ACCOUNT LINES	BUDGET	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTAL	BALANCE
		> Please make a note of the amounts paid and the balance available in each line item. > For the Salaries line item, refer to the Salary Detail worksheet to note amounts paid by position budget. > Please use these year-to-date figures when completing next month's MONTHLY REIMBURSEMENT REQUEST form. > If the total requested is not reimbursed, you will need to update your figures to reconcile with the actual year-to-date amount paid.													
Salaries	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
FICA	0.00													0.00	0.00
Retirement	0.00													0.00	0.00
Life/Health	0.00													0.00	0.00
Workers Compensation	0.00													0.00	0.00
Re-Employment	0.00													0.00	0.00
Travel (Daily)	0.00													0.00	0.00
Travel/Conferences/Training	0.00													0.00	0.00
Office Supplies	0.00													0.00	0.00
Telephone	0.00													0.00	0.00
Postage/Shipping	0.00													0.00	0.00
Utilities	0.00													0.00	0.00
Occupancy (Building & Grounds)	0.00													0.00	0.00
Printing & Publications	0.00													0.00	0.00
Subscriptions/Dues/Memberships	0.00													0.00	0.00
Insurance	0.00													0.00	0.00
Equipment: Rental & Maintenance	0.00													0.00	0.00
Advertising	0.00													0.00	0.00
Equipment Purchases: Capital Expense	0.00													0.00	0.00
Professional Fees (Legal, Consulting)	0.00													0.00	0.00
Books/Educational Materials	0.00													0.00	0.00
Food and Nutrition	0.00													0.00	0.00
Administrative Costs	0.00													0.00	0.00
Audit Expense	0.00													0.00	0.00
Specific Assistance to Individuals	0.00													0.00	0.00
Other/Miscellaneous	0.00													0.00	0.00
Other/Contract	0.00													0.00	0.00
TOTAL	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
less: 5% Late Fee (reimb, audit, ins)														0.00	
AMOUNT PAID NET OF LATE FEE		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
<i>date processed-initials</i>		xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd	xx.xx.xx-dd
<i>dir dep dates</i>		11.00.18	12.00.18	01.00.19	02.00.19	03.00.19	04.00.19	05.00.19	06.00.19	07.00.19	08.00.19	09.00.19	10.00.19		

NOTES ON REIMBURSEMENT FOR THE CURRENT MONTH: Oct-18

