**REIMBURSEMENT REQUEST EXPENSE TABLE EXAMPLES**

Please find below examples of expense tables that should be included with each request for reimbursement. All reimbursement requests must cite the grant agreement number, modification number (if applicable), and clearly identify the reimbursement request amount. Also, include a table indicating your expenses (both federal and non-federal match) for the reporting period for which you are requesting reimbursement. A second table should reflect the cumulative expenses (both federal and non-federal match) to date. Please note, grantees may want to include the authorizing official’s signature to certify the accuracy of the request for the organization’s administrative and audit purposes.

**Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Agreement #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reimbursement Request #: \_\_\_\_\_\_\_**

**A table indicating totals for the** **Reimbursement Request**:

|  |  |  |
| --- | --- | --- |
| **From (Date) to (Date)** | **Federal Share**  | **Match Provided**  |
| **Equipment** (Camera, High Res scanner, etc.) | $10,000 | $3,000 |
| **Personnel** (List individuals with time/rate) | $15,000 | $10,000 |
| **Supplies** (DVDs, software, film, etc.) | $1,000 | $3,000 |
| **Indirect Charges** | $600 | $1,000 |
| **Totals** | $26,600(should equal reimb. request amount) | $17,000 |

|  |
| --- |
| **REIMBURSEMENT REQUEST AMOUNT: $26,600** |

**A table indicating Cumulative Expense Totals TO DATE (covered over multiple reporting periods):**

|  |  |  |
| --- | --- | --- |
| **From (Date) to (Date)** | **Federal Share to Date** | **Match Provided to Date** |
| **Equipment**  | $15,000 | $4,000 |
| **Personnel**  | $25,000 | $16,000 |
| **Supplies**  | $7,000 | $5,000 |
| **Indirect Charges** | $1,000 | $2,000 |
| **Totals** | $48,000 | $27,000 |