

INVOICING | HOW-TO GUIDE

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HOW TO SUBMIT INVOICES

THIS GUIDE SHOWS HOW TO PROCESS REIMBURSEMENTS

Step 1: Select Expenditure

TRAINING SUBRECIPIENT EXPENDITURE LIST

| AEI Category | Expenditure | Status | Amount | Local Invoice State | SAA State |
|---|--|----------|-------------|---------------------|------------|
| Project: Interoperable Communications Infrastructure (ICI) (Continuation) | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | \$34,000.00 | Needs Invoice | No Invoice |
| (140.MP.01.CPBL) Cell phones/Blackberry expenses required to directly support planning activities | Comcast- phone, internet and support services | On-Order | \$3,600.00 | Needs Invoice | No Invoice |
| (120.OC.01.OTHE) Expenses directly related to the conduct or attendance of training | Training Supplies for Outreach and Education Events, Registration Fees, Printing Costs, CERT kits, catering, rentals, subscription services, displays, etc | On-Order | \$5,000.00 | Needs Invoice | No Invoice |
| (06.CP.01.BASE) Radio, Base | Motorola Services, Radio Base System | On-Order | | | |
| (120.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors/Consultants to Assist with Training Activities | Mike Adams, Contractor Support for Program - Salary & Fringe for 6 months (1/1/19- 6/30/2019) | On-Order | | | |
| (120.OE.01.OBFT) Overtime and backfill for emergency preparedness and response personnel attending FEMA-sponsored and approved training classes | Overtime for conducting CPR/AED trainings | On-Order | | | |
| (110.ID.01.IDCO) Indirect Costs | Indirect Cost at 13.1% Approved Indirect Rate | On-Order | | | |
| (130.TR.01.TAPD) Travel and Per Diem | Travel Cost for conferences and Fees for attending local trainings and meetings | On-Order | | | |
| (130.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities | STC Contractor Support - Graphic Designer for Exercise, Planning and Training Reports (Jan - April 2019) | On-Order | \$0.00 | Needs Invoice | No Invoice |
| (04.AP.03.GISS) System, Geospatial Information (GIS) | ArcView GIS Software Subscription Service for 12 months (1/1/2019 -12/31/2019) | On-Order | \$0.00 | Needs Invoice | No Invoice |
| (140.OP.01.OTHE) Other project areas with prior approval from FEMA | M&A Costs @ 5% | On-Order | \$0.00 | Needs Invoice | No Invoice |

Project Expense Total: \$34,000.00
 Project Total Award: \$34,000.00
 Project Uncommitted Funds: \$0.00

Click **Needs Invoice**



Step 2: Select Multiple or Single Invoice

INVOICE ITEM

Subgrantee: Training Subrecipient
Grant Number: 18TRAIN116
POE: POE12116-190617123017
Vendor: HSEMA
Project: Interoperable Communications Infrastructure (ICI) (Continuation)

| Expenditure | Category | Qty | Unit Cost | Total |
|--|--------------------------------------|--------------------------------|---|---|
| <input checked="" type="checkbox"/> Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) <small>Multiple Invoice Allowed</small> | (140.HF.01.PDSA) Program Director | <input type="text" value="1"/> | <input type="text" value="\$134,000.00"/> | <input type="text" value="\$134,000.00"/> |

Attached Documents:

-  Electronic Copy of POE
-  Electronic Copy of POE

ACTIONS

The multiple invoice process will create a new item for the invoice you currently have and leave the balance of this item in Needs Invoice state for future invoicing.


Completing the item will treat the item as if multiple invoices are not allowed.


Would you like to process this item using multiple invoices?

Process Multiple Invoices Complete item with a single invoice

Save & Continue >> Save and process as selected above.

Cancel Cancel any changes.

 **Process Multiple Invoices** to draw down from the expenditure line and leave the balance in **Needs Invoice** status for future invoicing.

 **Complete item with single invoice** to submit only one invoice for the entire expenditure line.

 **Select Process Multiple Invoices**

 **Click Save & Continue**

Step 3: Enter the Reimbursement Cost

MULTIPLE INVOICE - STEP ONE

Subgrantee: Training Subrecipient
Grant Number: 18TRAIN116
POE: POE12116-190617123017
Vendor: HSEMA
Project: Interoperable Communications Infrastructure (ICI) (Continuation)

INSTRUCTIONS

Enter the amount of the invoice you are currently processing and balance the grant distribution.
Enter the reason for the multiple invoice.

INVOICE ITEM

>> denotes required

| Expenditure | Category | Qty | Unit Cost | Total |
|--|-----------------------------------|--------------------------------|---|---|
| <input checked="" type="checkbox"/> Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) <small>Multiple Invoice Allowed</small> | (140.HF.01.PDSA) Program Director | <input type="text" value="1"/> | <input type="text" value="\$134,000.00"/> | <input type="text" value="\$134,000.00"/> |

Reason for Multiple Invoice >>

ACTIONS

Save the modifications above and continue the processing of the Multiple Invoice.

Cancel any changes.

\$ Enter the actual amount of the reimbursement in the **Unit Cost** field.

! The unit cost must be lower than the expenditure line total.

Step 3: Adjust; Enter Invoice Details

INSTRUCTIONS

Enter the amount of the invoice you are currently processing and balance the grant distribution.

Enter the reason for the multiple invoice.

INVOICE ITEM

>> denotes required

| Expenditure | Category | Qty | Unit Cost | Total |
|--|-----------------------------------|-----|-------------|-------------|
| Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) <i>Multiple Invoice Allowed</i> | (140.HF.01.PDSA) Program Director | 1 | \$30,000.00 | \$30,000.00 |

Delta: Assigned funding is too high! Please adjust the amount of money assigned to each grant so that the total amount from all funding sources equals the item total.

Process the request as a Multiple Invoice.

| Discipline Quantities | | | | | | | | Qty Total | Unit Cost | Total Cost |
|-----------------------|-----|--------|-------|-----|----|-----|-----|-----------|-------------|-------------|
| AG | LE | EMS-NF | EMS-F | FS | HZ | PW | PSC | 1 | \$30,000.00 | \$30,000.00 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| HC | EMA | PH | GA | CYB | NP | RTS | | | | |
| 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | |

| Grant | Total | Allocated | Available | Assigned |
|------------------|---------------|--------------|------------------|----------------------|
| Training | \$ 300,000.00 | \$300,000.00 | \$0.00 | \$134,000.00 |
| Subgrantee Funds | - | - | - | \$0.00 |
| | | | Required: | \$30,000.00 |
| | | | Delta: | -\$104,000.00 |

[auto adjust]

Reason for Multiple Invoice >>

Coleman Payroll (1/1/2019 -3/1/2019)

ACTIONS

Save & Continue >>

Save the modifications above and continue the processing of the Multiple Invoice.



Click auto adjust



For **salary**, include name and pay range dates.

For **contracts, supplies, services and equipment**, include at least vendor, invoice number, and invoice date.

For **Out of State Travel**, include name, training/conf name, travel dates

For **Local Travel**, include name, (parking/mileage/registration) date(s)



Click Save & Continue

The details appear in the Expenditure List

| Project: Interoperable Communications Infrastructure (ICI) (Continuation) | | | |
|---|--|-----------------|---|
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 |
| (140.MP.01.CPBL) Cell phones/Blackberry expenses required to directly support planning activities | Comcast- phone, internet and support services | On-Order | 1 |
| (120.OC.01.OTHE) Expenses directly related to the conduct or attendance of training | Training Supplies for Outreach and Education Events, Registration Fees, Printing Costs, CERT kits, catering, rentals, subscription services, displays, etc | On-Order | 1 |
| (06.CP.01.BASE) Radio, Base | Motorola Services, Radio Base System | On-Order | 1 |
| (120.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors/Consultants to Assist with Training Activities | Mike Adams, Contractor Support for Program - Salary & Fringe for 6 months (1/1/19/- 6/30/2019) | On-Order | 1 |
| (120.OE.01.OBFT) Overtime and backfill for emergency preparedness and response personnel attending FEMA-sponsored and approved training classes | Overtime for conducting CPR/AED trainings | On-Order | 1 |
| (110.ID.01.IDCO) Indirect Costs | Indirect Cost at 13.1% Approved Indirect Rate | On-Order | 1 |
| (130.TR.01.TAPD) Travel and Per Diem | Travel Cost for conferences and Fees for attending local trainings and meetings | On-Order | 1 |
| (130.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities | STC Contractor Support - Graphic Designer for Exercise, Planning and Training Reports (Jan - April 2019) | On-Order | 1 |
| (04.AP.03.GISS) System, Geospatial Information (GIS) | ArcView GIS Software Subscription Service for 12 months (1/1/2019 -12/31/2019) | On-Order | 1 |
| (140.OP.01.OTHE) Other project areas with prior approval from FEMA | M&A Costs @ 5% | On-Order | 1 |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 |
| Split Invoice: 1st Reason: Coleman Payroll (1/1/2019 -3/1/2019) + | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 |
| Split Invoice: 1st Reason: Coleman Payroll (1/1/2019-3/1/2019) | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 |
| Split Invoice: John Hall Payroll (1/1/2019-3/1/2019) | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 |
| Split Invoice: Monica Adams (1/1/2019-3/1/2019) | | | |

i Details like the employee name and pay range dates shown here help avoid duplicate or out-of-sequence reimbursements.

Reason for Multiple Invoice >>

1st Reason: Coleman Payroll (1/1/2019 -3/1/2019)

Step 4: Click OK; Confirm Splitting Original Invoice

MULTIPLE INVOICE - STEP ONE

Subgrantee: Training Subrecipient
Grant Number: 18TRAIN116
POE: POE12116-190617123017
Vendor: HSEMA
Project: Interoperable Communications Infrastructure (ICI) (Continuation)

INSTRUCTIONS

Enter the amount of the invoice you are currently processing and balance the grant distribution.
Enter the reason for the multiple invoice.

INVOICE ITEM

| Expenditure | Category |
|--|-------------------------|
| Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) <small>Multiple Invoice Allowed</small> | (140.HF.01.PDS Director |

Process the request as a Multiple Invoice.

| Discipline Quantities | | | | | | | | | |
|-----------------------|-----|--------|-------|-----|----|-----|-----|---|-------------|
| AG | LE | EMS-NF | EMS-F | FS | HZ | PW | PSC | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | \$30,000.00 |
| HC | EMA | PH | GA | CYB | NP | RTS | | | \$30,000.00 |
| 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | |

| Grant | Total | Allocated | Available | Assigned |
|------------------|---------------|--------------|--------------|-------------|
| Training | \$ 300,000.00 | \$196,000.00 | \$104,000.00 | \$30,000.00 |
| Subgrantee Funds | - | - | - | \$0.00 |

Required: \$30,000.00
Delta: \$0.00


Reason for Multiple Invoice >> 1st Reason: Coleman Payroll (1/1/2019 -3/1/2019)

ACTIONS

Save & Continue >> Save the modifications above and continue the processing of the Multiple Invoice.
Cancel Cancel any changes.

Continuing this process will split the original item into two items to allow the processing of Multiple Invoices.

OK Cancel



Step 5: Attach Invoice and Proof of Payment

MULTIPLE INVOICE - FINAL STEP

Subgrantee: **Training Subrecipient**
Grant Number: **18TRAIN116**
POE: **POE12116-190617123017**
Invoice Number:
Invoice Date:
Vendor: **HSEMA**
Project: **Interoperable Communications Infrastructure (ICI) (Continuation)**

ATTACH INVOICE DOCUMENTS

An electronic version of the Invoice is required.


| | |
|--|--|
| <input type="checkbox"/> | Check the checkbox indicating a copy of the invoice will be faxed to SAA |
| <input type="button" value="Invoice"/> | Attach an electronic copy of the invoice |


An electronic version of the Proof of Payment is required.


| | |
|------------------------------------|---|
| <input type="checkbox"/> | Check the checkbox indicating a copy of the proof of payment will be faxed to SAA |
| <input type="button" value="POP"/> | Attach an electronic copy of the proof of payment |

MULTIPLE INVOICE REASON

1st Reason: Coleman Payroll (1/1/2019 -3/1/2019)

 Scan the invoice and proof of payment together and save locally. Upload the same document for the invoice and POP.

 Attach **Invoice** and **Proof of Payment (POP)**

 Do **not** check the checkbox to fax to SAA!

Step 6: Add Invoice Data and Notes; Project Status

INVOICE

Subgrantee: **Training Subrecipient**
Grant Number: **18TRAIN116**
POE: **POE12116-190617123017**
Invoice Number: >>
Invoice Date: >> Mar 5 2019
Vendor: **HSEMA**
Project: **Interoperable Communications Infrastructure (ICI) (Continuation)**

INSTRUCTIONS

1. Delete all items that do not belong with the invoice you are submitting. This step must be completed first.
2. Adjust the cost of any item that requires cost adjustment.
3. Add any shipping and Handling or Taxes and Fees.

INVOICE ITEMS

| Expenditure | Category |
|---|-----------------------------------|
| ✓ Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | (140.HF.01.PDSA) Program Director |
| ✓ | |
| ✓ | |

PROJECT STATUS

Project Status as of this submission: >> On Schedule Behind Schedule Ahead of Schedule
Project Management Step as of this submission: >> Execute Control Close Out

INVOICE NOTES

Invoice Notes: Teresa Coleman Payroll 1/1/2019-3/1/2019

Attached Documents

[Attach Document](#) Attach documents to this Inv

- Electronic Copy of Invoice
- Electronic Copy of Proof of Payment

ACTIONS

[Reimbursement](#) Save Invoice changes and place in queue for reimbursement.

i For **salary**, enter employee name and pay period dates in the invoice number field.

➡ Select **Project Status**

i Enter the same details in the **Invoice Notes**.

✓ Click **Reimbursement**

Step 7: Click OK

INVOICE » denotes required

Subgrantee: TRAINING Fairfax County Police Department
Grant Number: 6UASI116
POE: POE12116-180207013924
Invoice Number: » Alex John Salary, April 1- May 31st
Invoice Date: » Jun 2 2019
Vendor: Fairfax Police
Project: TRAINING Automated Fingerprint Identification System (AFIS)

INSTRUCTIONS

1. Delete all items that do not belong with the invoice you are submitting. This step must be completed first.
2. Adjust the cost of any item that requires cost adjustment.
3. Add any shipping and Handling or Taxes and Fees.

INVOICE ITEMS

| Expenditure | Qty | Unit Cost | Total |
|--|---------------------------|-------------|--------------------|
| ✓ Alex John, Salary and Benefits 1/01/2019- 12/31/2019 (140.20.10.20) Program Director | 1 | \$10,000.00 | \$10,000.00 |
| | Shipping/Handling: | \$0.00 | \$0.00 |
| | Taxes/Fees: | \$0.00 | \$0.00 |
| | Invoice Total: | | \$10,000.00 |

INVOICE NOTES

Invoice Notes:
Alex John, Pay Period April 1- May 31, Pay Date: June 2,2019

Attached Documents

[Attach Document](#) Attach documents to this Invoice

- Electronic Copy of Invoice [\[view \]](#)
- Electronic Copy of Proof of Payment [\[view \]](#)

ACTIONS

[Reimbursement](#) Save Invoice changes and place in queue for reimbursement.

[Cancel](#) Cancel any changes.

Save this invoice and place in reimbursement queue?

[OK](#) [Cancel](#)

Step 8: Review Details

REIMBURSEMENT - Training (18TRAIN116) - RR190194800


| Subgrantee Remittance Address | | Contact Information | |
|-------------------------------|-----------------------------------|------------------------|----------------------|
| Organization: | Training Subrecipient | Name: | Rachel Woodall |
| Street: | 2720 Martin Luther King Jr Ave SE | Agency: | |
| City/State/Zip: | Washington, DC 20032 | City/State/Zip: | Washington, DC 20032 |
| Federal ID#: | | Phone: | 202-313-8767 |
| E-mail: | hsema.grants@gmail.com | Fax: | |
| Fax: | | | |
| Grant Number: | 18TRAIN116 | | |
| Sub-Grant Num: | 18TRAIN116-01 | | |

Click **green arrow** to expand

GRANT STATUS

| Project ID | Project | Grant Award | Review |
|------------|--|--------------|--------|
| 3915 | Interoperable Communications Infrastructure (ICI) (Continuation) | \$300,000.00 | \$0.00 |

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item |
|-------------------------------------|---|------------|--------|-------------|--|
| <input checked="" type="checkbox"/> |  | 1 | 3915 | Bui | Teresa Coleman Payroll 1/1/2019-3/1/2019 Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |

Category: (140.HF.01.PDSA) Program Director **POE Number:** POE12116-190617123017 **POE Date:** 03/26/2019
Vendor: HSEMA **Invoice Number:** Teresa Coleman Payroll 1/1/2019-3/1/2019 **Invoice Date:** 03/05/2019

| Discipline Quantities | | | | | | | | Qty Total | Unit Cost | Total Cost |
|-----------------------|-----|--------|-------|---------------|---------------|-----------|------------------|---------------------|--------------|-------------|
| AG | LE | EMS-NF | EMS-F | FS | HZ | PW | PSC | 1 | \$ 30,000.00 | \$30,000.00 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| HC | EMA | PH | GA | CYB | NP | RTS | | | | |
| 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | |
| Grant | | | | Total | Allocated | Available | Assigned | | | |
| Training | | | | \$ 300,000.00 | \$ 300,000.00 | \$ 0.00 | \$ 30,000.00 | | | |
| Subgrantee Funds | | | | - | - | - | \$ 0.00 | | | |
| | | | | | | | Required: | \$ 30,000.00 | | |
| | | | | | | | Delta: | \$ 0.00 | | |



Invoice Item Notes:

Coleman Payroll (1/1/2019-3/1/2019)

Invoice Notes:

Invoice Notes: Teresa Coleman Payroll 1/1/2019-3/1/2019

Attached Documents:

-  Electronic Copy of Invoice
-  Electronic Copy of Proof of Payment

ACTIONS

Step 9: Add More Invoices; Repeat Steps 1-8

REIMBURSEMENT - Training (18TRAIN116) - RR190194800

| Subgrantee Remittance Address | | Contact Information | |
|-------------------------------|-----------------------------------|------------------------|----------------------|
| Organization: | Training Subrecipient | Name: | Rachel Woodall |
| Street: | 2720 Martin Luther King Jr Ave SE | Agency: | |
| City/State/Zip: | Washington, DC 20032 | City/State/Zip: | Washington, DC 20032 |
| Federal ID#: | | Phone: | 202-313-8767 |
| E-mail: | hsema.grants@gmail.com | Fax: | |
| Fax: | | | |
| Grant Number: | 18TRAIN116 | | |
| Sub-Grant Num: | 18TRAIN116-01 | | |

GRANT STATUS

| Project ID | Project | Grant Award | Review | On Order | Invoiced | Complete | Committed | Uncommitted |
|------------|--|--------------|--------|--------------|-------------|----------|--------------|-------------|
| 3915 | Interoperable Communications Infrastructure (ICI) (Continuation) | \$300,000.00 | \$0.00 | \$213,380.00 | \$86,600.00 | \$0.00 | \$299,980.00 | \$20.00 |

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|--|---|--------------------|--------------------|---------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3915 | Bui | John Hall Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$25,000.00 | \$25,000.00 | [print] |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2 | 3915 | Bui | Monica Adams (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$25,000.00 | \$25,000.00 | [print] |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3 | 3915 | Bui | Teresa Coleman Payroll 1/1/2019-3/1/2019 | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$30,000.00 | \$30,000.00 | [print] |
| Total Requested: | | | | | | | \$80,000.00 | \$80,000.00 | |

REJECTION HISTORY

ACTIONS

By attaching the reimbursement documents and clicking the submit button you are certifying that you have received and paid for the list of goods/services and where appropriate they currently appear on your inventory list.

Return to your expenditure list to enter more invoices for this reimbursement.

Return to the Reimbursement Manager.

Attached Documents

Click **More Invoices** as needed

Step 10: Submit Reimbursement Package

REIMBURSEMENT - Training (18TRAIN116) - RR190194800

| Subgrantee Remittance Address | | Contact Information | |
|-------------------------------|-----------------------------------|------------------------|----------------------|
| Organization: | Training Subrecipient | Name: | Rachel Woodall |
| Street: | 2720 Martin Luther King Jr Ave SE | Agency: | |
| City/State/Zip: | Washington, DC 20032 | City/State/Zip: | Washington, DC 20032 |
| Federal ID#: | | Phone: | 202-313-8767 |
| E-mail: | hsema.grants@gmail.com | Fax: | |
| Fax: | | | |
| Grant Number: | 18TRAIN116 | | |
| Sub-Grant Num: | 18TRAIN116-01 | | |

GRANT STATUS

| Project ID | Project |
|------------|--|
| 3915 | Interoperable Communications Infrastructure (ICI) (Continuation) |

REIMBURSEMENT ITEMS


| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | |
|-------------------------------------|---------------------------------------|------------|--------|--|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 1 | 3915 | Bui | John Hall Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 2 | 3915 | Bui | Monica Adams (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 3 | 3915 | Bui | Teresa Coleman Payroll 1/1/2019-3/1/2019 | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |

ACTIONS

By attaching the reimbursement documents and clicking the submit button you are certifying that you have received and paid for the list of goods/services and where appropriate they currently appear on your inventory list.

Return to your expenditure list to enter more invoices for this reimbursement.

Return to the Reimbursement Manager.

 Multiple invoices are submitted as a single reimbursement package.

 Click **Submit**

Step 11: Confirm Submission

REIMBURSEMENT CONFIRMATION

Selecting the Confirm button will submit this completed reimbursement request to the SAA for processing.

| Item No. | Grant | Invoice No. | |
|----------|------------|--|---|
| 1 | 18TRAIN116 | John Hall Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |
| 2 | 18TRAIN116 | Monica Adams (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |
| 3 | 18TRAIN116 | Teresa Coleman Payroll 1/1/2019-3/1/2019 | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) |

ACTIONS

- Confirm that you wish to submit the above items for reimbursement.
- Cancel and return to Reimbursement Manager.

 Click **Confirm**

Here's how your submission looks to the SAA

REIMBURSEMENT - Training (18TRAIN116) - RR190194800

| Subgrantee Remittance Address | | Contact Information | |
|-----------------------------------|-----------------------------------|------------------------|----------------------|
| Organization: | Training Subrecipient | Name: | Rachel Woodall |
| Street: | 2720 Martin Luther King Jr Ave SE | Agency: | |
| City/State/Zip: | Washington, DC 20032 | City/State/Zip: | Washington, DC 20032 |
| Federal ID#: | | Phone: | 202-313-8767 |
| E-mail: | hsema.grants@gmail.com | Fax: | |
| Fax: | | | |
| Request Date: | 06/19/2019 | | |
| Reimbursement Approved by: | - | | |
| Grant Number: | 18TRAIN116 | | |
| Sub-Grant Num: | 18TRAIN116-01 | | |

INVOICE

| | |
|------------------------|--|
| Subgrantee: | Training Subrecipient |
| Grant Number: | 18TRAIN116 |
| POF#: | POF12116-190617123017 |
| Invoice Number: | Teresa Coleman Payroll 1/1/2019-3/1/2019 |
| Invoice Date: | Mar 5 2019 |
| Vendor: | HSEMA |
| Project: | Interoperable Communications Infrastructure (ICI) (Continuation) |

GRANT STATUS

| Project ID | Project | Grant Award | Review | On Order | Invoiced | Complete | Committed | Uncommitted |
|------------|--|--------------|--------|--------------|-------------|----------|--------------|-------------|
| 3915 | Interoperable Communications Infrastructure (ICI) (Continuation) | \$300,000.00 | \$0.00 | \$220,000.00 | \$80,000.00 | \$0.00 | \$300,000.00 | \$0.00 |

REIMBURSEMENT ITEMS

| Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount |
|-------------------------------------|------------|--------|--|---|--------------------|--------------------|
| <input checked="" type="checkbox"/> | 3915 | Sub | John Hall Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$25,000.00 | \$25,000.00 |
| <input checked="" type="checkbox"/> | 3915 | Sub | Monica Adams (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$25,000.00 | \$25,000.00 |
| <input checked="" type="checkbox"/> | 3915 | Sub | Teresa Coleman Payroll 1/1/2019-3/1/2019 | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$30,000.00 | \$30,000.00 |
| Total Requested: | | | | | \$80,000.00 | \$80,000.00 |

ACTIONS

Verify and approve all checked items.

Print subgrantee information, grant status and reimbursement items

Reason for denial:

Deny all checked items and return them to the Subgrantee.

Return to the Reimbursement Manager.

Attached Documents

- [remove]
 - [remove]
 - [remove]
 - [remove]
 - [remove]
 - [remove]
- Attach documents to this reimbursement request.

i The details entered in the Invoice Number area in Step 6 shows up here on the Reimbursement cover. This is a required field that will help avoid duplications and ensure that all invoices are submitted in sequence.

Screenshot example shows the subrecipient expenditure screen. The background color is now yellow, which means the 3 salary invoices that were combined in a Multiple Reimbursement are at the SAA to be approved.

| Project: Interoperable Communications Infrastructure (ICI) (Continuation) [details] | | | | | | | | | |
|---|--|----------|---|----------------------------|--------------|---------------|------------|----------|--|
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 | \$24,000.00 | \$24,000.00 | Needs Invoice | No Invoice | [edit] | |
| (140.MP.01.CPBL) Cell phones/Blackberry expenses required to directly support planning activities | Comcast- phone, internet and support services | On-Order | 1 | \$3,600.00 | \$3,600.00 | Needs Invoice | No Invoice | [edit] | |
| (120.OC.01.OTHE) Expenses directly related to the conduct or attendance of training | Training Supplies for Outreach and Education Events, Registration Fees, Printing Costs, CERT kits, catering, rentals, subscription services, displays, etc | On-Order | 1 | \$5,000.00 | \$5,000.00 | Needs Invoice | No Invoice | [edit] | |
| (06.CP.01.BASE) Radio, Base | Motorola Services, Radio Base System | On-Order | 1 | \$36,000.00 | \$36,000.00 | Needs Invoice | No Invoice | [edit] | |
| (120.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors/Consultants to Assist with Training Activities | Mike Adams, Contractor Support for Program - Salary & Fringe for 6 months (1/1/19- 6/30/2019) | On-Order | 1 | \$50,400.00 | \$50,400.00 | Needs Invoice | No Invoice | [edit] | |
| (120.OE.01.OBFT) Overtime and backfill for emergency preparedness and response personnel attending FEMA-sponsored and approved training classes | Overtime for conducting CPR/AED trainings | On-Order | 1 | \$10,000.00 | \$10,000.00 | Needs Invoice | No Invoice | [edit] | |
| (110.ID.01.IDCO) Indirect Costs | Indirect Cost at 13.1% Approved Indirect Rate | On-Order | 1 | \$15,000.00 | \$15,000.00 | Needs Invoice | No Invoice | [edit] | |
| (130.TR.01.TAPD) Travel and Per Diem | Travel Cost for conferences and Fees for attending local trainings and meetings | On-Order | 1 | \$6,000.00 | \$6,000.00 | Needs Invoice | No Invoice | [edit] | |
| (130.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities | STC Contractor Support - Graphic Designer for Exercise, Planning and Training Reports (Jan - April 2019) | On-Order | 1 | \$14,000.00 | \$14,000.00 | Needs Invoice | No Invoice | [edit] | |
| (04.AP.03.GISS) System, Geospatial Information (GIS) | ArcView GIS Software Subscription Service for 12 months (1/1/2019 -12/31/2019) | On-Order | 1 | \$20,000.00 | \$20,000.00 | Needs Invoice | No Invoice | [edit] | |
| (140.OP.01.OTHE) Other project areas with prior approval from FEMA | M&A Costs @ 5% | On-Order | 1 | \$6,000.00 | \$6,000.00 | Needs Invoice | No Invoice | [edit] | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 | \$30,000.00 | \$30,000.00 | Needs Invoice | No Invoice | [edit] | |
| Split Invoice: 1st Reason: Coleman Payroll (1/1/2019 -3/1/2019) + | | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 | \$30,000.00 | \$30,000.00 | 06/19/2019 | 06/19/2019 | [edit] | |
| Split Invoice: 1st Reason: Coleman Payroll (1/1/2019-3/1/2019) | | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 | \$25,000.00 | \$25,000.00 | 06/19/2019 | 06/19/2019 | [edit] | |
| Split Invoice: John Hall Payroll (1/1/2019-3/1/2019) | | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 | \$25,000.00 | \$25,000.00 | 06/19/2019 | 06/19/2019 | [edit] | |
| Split Invoice: Monica Adams (1/1/2019-3/1/2019) | | | | | | | | | |
| | | | | Project Expense Total: | \$300,000.00 | | | | |
| | | | | Project Total Award: | \$300,000.00 | | | | |
| | | | | Project Uncommitted Funds: | \$0.00 | | | | |

LEGENDS

| Status | Description |
|----------------------|---|
| Cancelled | Item has been cancelled |
| Review | Item is being reviewed by SAA |
| Needs POE | Item is approved and awaiting to be ordered |
| Change Request | Change in item detail is awaiting approval |
| On-Order | Item is on order awaiting delivery |
| At SAA | Item is awaiting upload of POE document by SAA |
| Invoiced | Item has been invoiced and awaiting reimbursement |
| Credit Request | A request for item credit is pending |
| Check Return Request | A request for item check return is pending |
| Complete | Item has been reimbursed |

| Local Invoice State | SAA Invoice State | Description |
|---------------------|-------------------|---|
| No Invoice | No Invoice | Item has not been invoiced |
| 1/1/2007 | 1/1/2007 | Item has been invoiced but not submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and verified by the SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has had reimbursement completed |

- No Subgrantee Funds used for this item
- Subgrantee Funds used for this item

Screenshot example shows the subrecipient expenditure screen. Once the reimbursement has been approved by the program staff, it will change from “invoiced to verified” Refer to the Legend to track your reimbursement.

TRAINING SUBRECIPIENT EXPENDITURE LIST

[\[request new expenditure \]](#)

| AEL Category | Expenditure | Status | Qty | Unit Cost | Total Cost | Local Invoice State | SAA Invoice State | |
|---|--|----------|-----|----------------------------|--------------|---------------------|-------------------|--------------------------|
| Project: Interoperable Communications Infrastructure (ICI) (Continuation) [details] | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 | \$24,000.00 | \$24,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.MP.01.CPBL) Cell phones/Blackberry expenses required to directly support planning activities | Comcast- phone, internet and support services | On-Order | 1 | \$3,600.00 | \$3,600.00 | Needs Invoice | No Invoice | [edit] |
| (120.OC.01.OTHE) Expenses directly related to the conduct or attendance of training | Training Supplies for Outreach and Education Events, Registration Fees, Printing Costs, CERT kits, catering, rentals, subscription services, displays, etc | On-Order | 1 | \$5,000.00 | \$5,000.00 | Needs Invoice | No Invoice | [edit] |
| (06.CP.01.BASE) Radio, Base | Motorola Services, Radio Base System | On-Order | 1 | \$36,000.00 | \$36,000.00 | Needs Invoice | No Invoice | [edit] |
| (120.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors/Consultants to Assist with Training Activities | Mike Adams, Contractor Support for Program - Salary & Fringe for 6 months (1/1/19/- 6/30/2019) | On-Order | 1 | \$50,400.00 | \$50,400.00 | Needs Invoice | No Invoice | [edit] |
| (120.OE.01.OBFT) Overtime and backfill for emergency preparedness and response personnel attending FEMA-sponsored and approved training classes | Overtime for conducting CPR/AED trainings | On-Order | 1 | \$10,000.00 | \$10,000.00 | Needs Invoice | No Invoice | [edit] |
| (110.ID.01.IDCO) Indirect Costs | Indirect Cost at 13.1% Approved Indirect Rate | On-Order | 1 | \$15,000.00 | \$15,000.00 | Needs Invoice | No Invoice | [edit] |
| (130.TR.01.TAPD) Travel and Per Diem | Travel Cost for conferences and Fees for attending local trainings and meetings | On-Order | 1 | \$6,000.00 | \$6,000.00 | Needs Invoice | No Invoice | [edit] |
| (130.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities | STC Contractor Support - Graphic Designer for Exercise, Planning and Training Reports (Jan - April 2019) | On-Order | 1 | \$14,000.00 | \$14,000.00 | Needs Invoice | No Invoice | [edit] |
| (04.AP.03.GISS) System, Geospatial Information (GIS) | ArcView GIS Software Subscription Service for 12 months (1/1/2019 -12/31/2019) | On-Order | 1 | \$20,000.00 | \$20,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.OP.01.OTHE) Other project areas with prior approval from FEMA | M&A Costs @ 5% | On-Order | 1 | \$6,000.00 | \$6,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.HF.01.PDSA) Program Director Split Invoice: 1st Reason: Coleman Payroll (1/1/2019 -3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 | \$30,000.00 | \$30,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.HF.01.PDSA) Program Director Split Invoice: 1st Reason: Coleman Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Verified | 1 | \$30,000.00 | \$30,000.00 | 06/19/2019 | 06/19/2019 | [edit] |
| (140.HF.01.PDSA) Program Director Split Invoice: John Hall Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Verified | 1 | \$25,000.00 | \$25,000.00 | 06/19/2019 | 06/19/2019 | [edit] |
| (140.HF.01.PDSA) Program Director Split Invoice: Monica Adams (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Verified | 1 | \$25,000.00 | \$25,000.00 | 06/19/2019 | 06/19/2019 | [edit] |
| | | | | Project Expense Total: | \$300,000.00 | | | |
| | | | | Project Total Award: | \$300,000.00 | | | |
| | | | | Project Uncommitted Funds: | \$0.00 | | | |

LEGENDS

| Status | Description |
|----------------------|---|
| Cancelled | Item has been cancelled |
| Review | Item is being reviewed by SAA |
| Needs POE | Item is approved and awaiting to be ordered |
| Change Request | Change in item detail is awaiting approval |
| On-Order | Item is on order awaiting delivery |
| At SAA | Item is awaiting upload of POE document by SAA |
| Invoiced | Item has been invoiced and awaiting reimbursement |
| Credit Request | A request for item credit is pending |
| Check Return Request | A request for item check return is pending |
| Complete | Item has been reimbursed |

| Local Invoice State | SAA Invoice State | Description |
|---------------------|-------------------|---|
| No Invoice | No Invoice | Item has not been invoiced |
| 1/1/2007 | 1/1/2007 | Item has been invoiced but not submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and verified by the SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has had reimbursement completed |

- No Subgrantee Funds used for this item
- Subgrantee Funds used for this item

Once the reimbursement is paid, the background will change from yellow to green and status will be listed as “complete”.

TRAINING SUBRECIPIENT EXPENDITURE LIST

[\[request new expenditure \]](#)

| AEL Category | Expenditure | Status | Qty | Unit Cost | Total Cost | Local Invoice State | SAA Invoice State | |
|---|--|----------|-----|-------------|----------------------------|---------------------|-------------------|--------------------------|
| Project: Interoperable Communications Infrastructure (ICI) (Continuation) [details] | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 | \$24,000.00 | \$24,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.MP.01.CPBL) Cell phones/Blackberry expenses required to directly support planning activities | Comcast- phone, internet and support services | On-Order | 1 | \$3,600.00 | \$3,600.00 | Needs Invoice | No Invoice | [edit] |
| (120.OC.01.OTHE) Expenses directly related to the conduct or attendance of training | Training Supplies for Outreach and Education Events, Registration Fees, Printing Costs, CERT kits, catering, rentals, subscription services, displays, etc | On-Order | 1 | \$5,000.00 | \$5,000.00 | Needs Invoice | No Invoice | [edit] |
| (06.CP.01.BASE) Radio, Base | Motorola Services, Radio Base System | On-Order | 1 | \$36,000.00 | \$36,000.00 | Needs Invoice | No Invoice | [edit] |
| (120.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors/Consultants to Assist with Training Activities | Mike Adams, Contractor Support for Program - Salary & Fringe for 6 months (1/1/19/- 6/30/2019) | On-Order | 1 | \$50,400.00 | \$50,400.00 | Needs Invoice | No Invoice | [edit] |
| (120.OE.01.OBFT) Overtime and backfill for emergency preparedness and response personnel attending FEMA-sponsored and approved training classes | Overtime for conducting CPR/AED trainings | On-Order | 1 | \$10,000.00 | \$10,000.00 | Needs Invoice | No Invoice | [edit] |
| (110.ID.01.IDCO) Indirect Costs | Indirect Cost at 13.1% Approved Indirect Rate | On-Order | 1 | \$15,000.00 | \$15,000.00 | Needs Invoice | No Invoice | [edit] |
| (130.TR.01.TAPD) Travel and Per Diem | Travel Cost for conferences and Fees for attending local trainings and meetings | On-Order | 1 | \$6,000.00 | \$6,000.00 | Needs Invoice | No Invoice | [edit] |
| (130.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities | STC Contractor Support - Graphic Designer for Exercise, Planning and Training Reports (Jan - April 2019) | On-Order | 1 | \$14,000.00 | \$14,000.00 | Needs Invoice | No Invoice | [edit] |
| (04.AP.03.GISS) System, Geospatial Information (GIS) | ArcView GIS Software Subscription Service for 12 months (1/1/2019 -12/31/2019) | On-Order | 1 | \$20,000.00 | \$20,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.OP.01.OTHE) Other project areas with prior approval from FEMA | M&A Costs @ 5% | On-Order | 1 | \$6,000.00 | \$6,000.00 | Needs Invoice | No Invoice | [edit] |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | On-Order | 1 | \$30,000.00 | \$30,000.00 | Needs Invoice | No Invoice | [edit] |
| Split Invoice: 1st Reason: Coleman Payroll (1/1/2019 -3/1/2019) + | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Complete | 1 | \$30,000.00 | \$30,000.00 | 06/19/2019 | 06/19/2019 | [edit] |
| Split Invoice: 1st Reason: Coleman Payroll (1/1/2019-3/1/2019) | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Complete | 1 | \$25,000.00 | \$25,000.00 | 06/19/2019 | 06/19/2019 | [edit] |
| Split Invoice: John Hall Payroll (1/1/2019-3/1/2019) | | | | | | | | |
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Complete | 1 | \$25,000.00 | \$25,000.00 | 06/19/2019 | 06/19/2019 | [edit] |
| Split Invoice: Monica Adams (1/1/2019-3/1/2019) | | | | | | | | |
| | | | | | Project Expense Total: | \$300,000.00 | | |
| | | | | | Project Total Award: | \$300,000.00 | | |
| | | | | | Project Uncommitted Funds: | \$0.00 | | |

| Status | Description | Local Invoice State | SAA Invoice State | Description |
|----------------------|---|---------------------|-------------------|-------------|
| Cancelled | Item has been cancelled | | | |
| Review | Item is being reviewed by SAA | | | |
| Needs POE | Item is approved and awaiting to be ordered | | | |
| Change Request | Change in item detail is awaiting approval | | | |
| On-Order | Item is on order awaiting delivery | | | |
| At SAA | Item is awaiting upload of POE document by SAA | | | |
| Invoiced | Item has been invoiced and awaiting reimbursement | | | |
| Credit Request | A request for item credit is pending | | | |
| Check Return Request | A request for item check return is pending | | | |
| Complete | Item has been reimbursed | | | |

| Local Invoice State | SAA Invoice State | Description |
|---------------------|-------------------|---|
| No Invoice | No Invoice | Item has not been invoiced |
| 1/1/2007 | 1/1/2007 | Item has been invoiced but not submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and verified by the SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has had reimbursement completed |

- No Subgrantee Funds used for this item
- Subgrantee Funds used for this item

Best Practices – How to enter Expenditure Line Details

For **Contracts, supplies, services & equipment**, include **vendor name, invoice # & invoice date and other details**.

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|---|--|-------------------|----------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3915 | Sub | Comcast Invoice #5950, 7/15/2019 (Cell Phone) | Cell phone, internet and computer support services | \$400.00 | \$400.00 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2 | 3915 | Sub | Comcast Invoice #6950, 8/15/2019 (Cell Phone) | Cell phone, internet and computer support services | \$400.00 | \$400.00 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3 | 3915 | Sub | Comcast Invoice #7950, 9/15/2019 (Cell Phone) | Cell phone, internet and computer support services | \$400.00 | \$400.00 |
| Total Requested: | | | | | | \$1,200.00 | \$1,200.00 | |

For **Salary**, include **Employee Name, Pay Range Dates**

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|--|---|--------------------|-------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3915 | Sub | John Hall Payroll (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$25,000.00 | \$25,000.00 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2 | 3915 | Sub | Monica Adams (1/1/2019-3/1/2019) | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$25,000.00 | \$25,000.00 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3 | 3915 | Sub | Teresa Coleman Payroll 1/1/2019-3/1/2019 | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | \$30,000.00 | \$30,000.00 |
| Total Requested: | | | | | | \$80,000.00 | \$80,000.00 | |

For **Out of State Travel**, include **Travelers name, training/conference name, travel dates**

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|---|---|-------------------|------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3915 | Sub | Teresa Coleman, IAEM conf (11/09/19-11/13/19) | Travel Cost for conferences and Fees for attending local trainings and meetings | \$1,200.00 | \$1,200.00 |
| Total Requested: | | | | | | \$1,200.00 | \$1,200.00 | |

For **Local Travel**, include **Travelers name, expense type (parking/mileage/registration), date(s)**

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|--|---|-----------------|----------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3915 | Sub | John Hall, Parking & Registration Receipt (6/5/19) | Travel Cost for conferences and Fees for attending local trainings and meetings | \$120.00 | \$120.00 |
| Total Requested: | | | | | | \$120.00 | \$120.00 | |

Best Practices – Submitting Indirect Rate

Subrecipients may only be reimbursed for indirect costs if it is included in your approved PMP and is consistent with an approved indirect cost rate agreement (or the de-minimus rate).

Reimbursement for indirect costs should be made concurrently with direct costs. Subrecipients should not wait until the end of the period of performance to request indirect cost reimbursement.

Submit direct and indirect costs as separate expenditure list items, submitted to SAA as one combined reimbursement in NCRGMS.

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|-----------------------------|--|-------------------|-------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3916 | Sub | Atlas, LLC #36790, 4/1/2019 | Indirect Charges at 10% (approved rate) | \$575.00 | \$575.00 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2 | 3916 | Sub | Atlas, LLC #36790, 4/1/2019 | 6 Month Contract for Atlas, LLC Network Firewall Maintenance (April - Sept 2019) | \$5,750.00 | \$5,750.00 |
| Total Requested: | | | | | | | \$6,325.00 | \$6,325.00 |

ALTERNATIVE (e.g. if indirect is added on same invoice): Direct and indirect costs combined into a single reimbursement, entered as a single item in NCRGMS

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. Amount | |
|-------------------------------------|-------------------------------------|------------|--------|-------------|---|--|-------------------|-------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 3916 | Sub | Jackson Consulting Invoice #2414 Indirect | Exercise Development, Jackson Consulting & Indirect Rate at 10% de minimis rate (Jan - Dec 2019) | \$6,325.00 | \$6,325.00 |
| Total Requested: | | | | | | | \$6,325.00 | \$6,325.00 |

Subrecipients should apply indirect cost rates consistently for all subawards.

HOW TO CANCEL AN INVOICE

THIS GUIDE SHOWS HOW TO CANCEL AN INVOICE TO DE-OBLIGATE
FUNDS OR TO CLOSE OUT SUBAWARD

Step 1: To cancel an invoice that has been submitted to the SAA, First contact your program manager to have the reimbursement rejected.

| | | | | | | |
|---|--|----------|---|----------|----------|--|
| Project: Interoperable Communications Infrastructure (ICI) (Continuation) | | | | | | details |
| (140.MP.01.CPBL) Cell phones/Blackberry expenses required to directly support planning activities | Cell phone, internet and computer support services | Invoiced | 1 | \$400.00 | \$400.00 | 06/19/2019 06/19/2019 [edit] |
| Split Invoice: Comcast Invoice #7950, 9/15/2019 (Cell Phone) | | | | | | |

Step 2: If the expenditure item is not at the SAA. Click on Invoiced

| | | | | | | |
|---|---|----------|---|----------|----------|--|
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 | \$350.00 | \$350.00 | 07/02/2019 07/02/2019 [edit] |
| Split Invoice: Comcast Invoice #6950, 8/15/2019 (Cell Phone) | | | | | | |

| Local Invoice State | SAA Invoice State | Description |
|---------------------|-------------------|---|
| No Invoice | No Invoice | Item has not been invoiced |
| 1/1/2007 | 1/1/2007 | Item has been invoiced but not submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and submitted to SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has been invoiced and verified by the SAA for reimbursement |
| 1/1/2007 | 1/1/2007 | Item has had reimbursement completed |

- No Subgrantee Funds used for this item
- Subgrantee Funds used for this item

Step 3: The following screen will appear, click on remove from invoice.

INVOICE » denotes required

Subgrantee: [Training Subrecipient](#)
Grant Number: [18TRAIN116](#)
POE: [POE12116-190617123017](#)
Reimbursement: [RR190208101](#)
Invoice Number: » Comcast Invoice #6950, 8/15/2019 (Cell Phone)
Invoice Date: » Aug 15 2019
Request Date: 06/19/2019 07:51 PM EST
Vendor: HSEMA
Project: Interoperable Communications Infrastructure (ICI) (Continuation)

INSTRUCTIONS

1. Delete all items that do not belong with the invoice you are submitting. This step must be completed first.
2. Adjust the cost of any item that requires cost adjustment.
3. Add any shipping and Handling or Taxes and Fees.

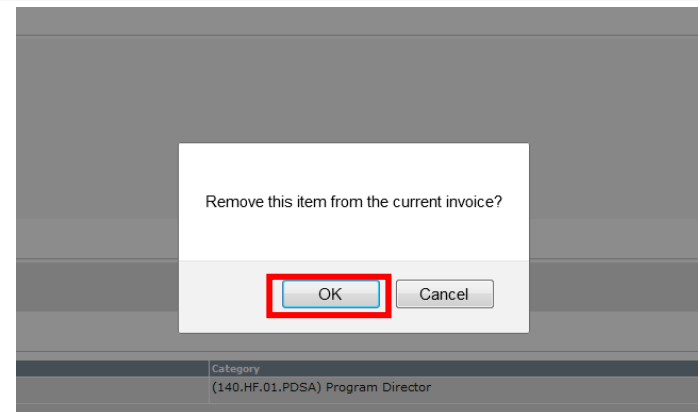
INVOICE ITEMS (status: [Subgrantee invoiced incomplete](#))

| Expenditure | Category | Qty | Unit Cost | Total | |
|---|-----------------------------------|---------------------------|-----------|-----------------------|-------------------------------------|
| ✓ Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | (140.HF.01.PDSA) Program Director | 1 | \$350.00 | \$350.00 | remove from invoice |
| ✓ | | Shipping/Handling: | | \$0.00 | \$0.00 |
| ✓ | | Taxes/Fees: | | \$0.00 | \$0.00 |
| | | | | Invoice Total: | \$350.00 |

Reimbursement Denials

| By | Date | Reason |
|--|-------------------------|--|
| Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | | |
| Coleman, Bettina | 07/02/2019 11:17 PM EST | Invoice unit cost is incorrect. Please adjust amount to \$340. |

Step 4: Click OK



Step 5: Click the **[edit]** hyperlink for the expenditure item for you want to Cancel.

TRAINING SUBRECIPIENT EXPENDITURE LIST

[\[request new expenditure \]](#)

| AEL Category | Expenditure | Status | Qty | Unit Cost | Total Cost | Local Invoice State | SAA Invoice State | |
|--|--|-----------------|-----|-------------|-------------|----------------------|-------------------|--------------------------|
| Project: Cybersecurity Regional Coordination [details] | | | | | | | | |
| (05.NP.00.FWAL) Firewall, Network | 6 Month Contract for Atlas, LLC Network Firewall Maintenance (April - Sept 2019) | On-Order | 1 | \$60,000.00 | \$60,000.00 | Needs Invoice | No Invoice | [edit] |
| | | | | | List Total: | \$60,000.00 | | |

i The subrecipient expenditure screen will appear and will show that the expenditure item has moved from being “Invoiced” to “On-Order”.

Step 6: Next, scroll to the bottom and click Cancel Item.

EXPENDITURE ITEM

Project: Interoperable Communications Infrastructure (ICI) (Continuation)
Expenditure: Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities
AEL category: (130.HF.01.FPCC) Hiring of Full or Part-Time Staff or Contractors for Emergency Management Activities
Request Date: 03/13/2019 03:27 PM EST
Is this request a package: Yes No
Grant Number: 18TRAIN116
Item Status: Needs POE

| Discipline Quantities | | | | | | | | Qty Total | Unit Cost | Total Cost |
|-----------------------|-----|--------|-------|-----|----|-----|-----|-----------|-------------|------------|
| AG | LE | EMS-NF | EMS-F | FS | HZ | PW | PSC | 1 | \$ 4,000.00 | \$4,000.00 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| HC | EMA | PH | GA | CYB | NP | RTS | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |

| Grant | Total | Allocated | Available | Assigned |
|------------------|---------------|--------------|------------------|-------------------|
| Training | \$ 300,000.00 | \$300,000.00 | \$0.00 | \$ 4,000.00 |
| Subgrantee Funds | - | - | - | \$ 0.00 |
| | | | Required: | \$4,000.00 |
| | | | Delta: | \$0.00 |

Please identify if this item is deployable or shareable:

Deployable

Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.

Shareable

Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).

THIRA/SPA Information:

Please identify if this item is sustaining/maintaining an existing capability or building a new capability:

Sustain/maintain

Build new capability

Please identify the primary capability this item supports:

Common: Planning

ITEM NOTES

Expenditure Item Notes:

Add Note

ACTIONS

Return

Return to the expenditure list.

Cancel Item

Request that this item be cancelled and removed from list.

Step 7: Enter the Reason for Cancellation and click **Confirm**.

ITEM CANCELLATION

This will send a cancellation request to your SAA for review.
If Approved, the item will remain in your list with a quantity of **0**. Also the currently allocated **\$60,000.00** will be made available for other use.

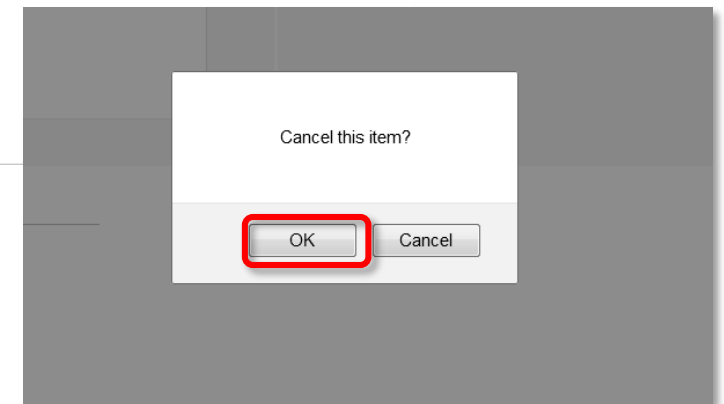
Item: 6 Month Contract for Atlas, LLC Network Firewall Maintenance (April - Sept 2019)

Reason: >> To close out grant award.

ACTIONS

| | |
|----------------|---|
| Confirm | Confirm cancellation request for the above item |
| Cancel | Cancel request |

Step 8: Click **Ok**



Once returned to the Expenditure List screen, the item will appear like below. This means the request is at the SAA.

| TRAINING SUBRECIPIENT EXPENDITURE LIST | | | | | | | | [request new expenditure] |
|---|--|-----------------------|-----|-------------|-------------|---------------------|-------------------|---|
| AEL Category | Expenditure | Status | Qty | Unit Cost | Total Cost | Local Invoice State | SAA Invoice State | |
| Project: Cybersecurity Regional Coordination | | | | | | | | [details] |
| (05.NP.00.FWAL) Firewall, Network | 6 Month Contract for Atlas, LLC Network Firewall Maintenance (April - Sept 2019) | Change Request | 1 | \$50,000.00 | \$60,000.00 | | | [edit] |
| | | | 0 | \$60,000.00 | \$0.00 | | | |

Once approved, the item will remain on the expenditure list with a quantity of zero and the funds are made available for reallocation.

| TRAINING SUBRECIPIENT EXPENDITURE LIST | | | | | | | | [request new expenditure] |
|--|--|------------------|-----|--------------|---------------------|---------------------|-------------------|---|
| AEL Category | Expenditure | Status | Qty | Unit Cost | Total Cost | Local Invoice State | SAA Invoice State | |
| Project: Cybersecurity Regional Coordination | | | | | | | | [details] |
| (05.NP.00.SEIM) System, Security Event/Incident Management | System, Security Event/Incident Management | Needs POE | 1 | \$120,000.00 | \$120,000.00 | No Invoice | No Invoice | [edit] |
| (05.NP.00.FWAL) Firewall, Network | 6 Month Contract for Atlas, LLC Network Firewall Maintenance (April - Sept 2019) | Cancelled | 0 | \$60,000.00 | \$0.00 | No Invoice | No Invoice | |
| Project Expense Total: | | | | | \$120,000.00 | | | |
| Project Total Award: | | | | | \$200,000.00 | | | |
| Project Uncommitted Funds: | | | | | \$80,000.00 | | | |

HOW TO CHANGE THE UNIT COST AMOUNT

THIS GUIDE SHOWS HOW TO CORRECT THE UNIT COST AMOUNT

Step 1: Select the expenditure item and click on Invoiced.

| | | | | | | | | |
|---|---|-----------------|---|----------|----------|----------------------------|----------------------------|------------------------|
| (140.HF.01.PDSA) Program Director | Salary & Benefits for 3 Regional Preparedness Specialists - 12 months (1/1/19-12/31/19) | Invoiced | 1 | \$350.00 | \$350.00 | 07/02/2019 | 07/02/2019 | [edit] |
| Split Invoice: Comcast Invoice #6950, 8/15/2019 (Cell Phone) + | | | | | | | | |

Step 2: Put your cursor inside the unit cost box to change the amount.

INVOICE ITEMS (status: Subgrantee invoiced incomplete)

| Expenditure | Category | Qty | Unit Cost | Total | |
|---|--------------------------------------|--------------------|-----------|----------------|---------------------------------------|
| Travel Cost for conferences and Fees for attending local trainings and meetings | (130.TR.01.TAPD) Travel and Per Diem | 1 | \$120.00 | \$120.00 | [remove from invoice] |
| | | Shipping/Handling: | \$0.00 | \$0.00 | |
| | | Taxes/Fees: | \$0.00 | \$0.00 | |
| | | | | Invoice Total: | \$120.00 |

Step 3: Next, enter the reason for the change request and click auto adjust.

INVOICE ITEMS (status: Subgrantee invoiced incomplete)

| Expenditure | Category | Qty | Unit Cost | Total | |
|---|--------------------------------------|-----|-----------|----------|-------------------------|
| Travel Cost for conferences and Fees for attending local trainings and meetings | (130.TR.01.TAPD) Travel and Per Diem | 1 | \$300.00 | \$300.00 | [remove from invoice] |

Delta: Assigned funding is too low Please adjust the amount of money assigned to each grant source so that the total amount from all funding sources equals the item total.

- Quantity Change Options:
- If you entered less than the requested quantity, you can choose to execute the change request process or set the remaining quantity on hold through the use of multiple PO/Invoices.
 - If you entered an amount greater than the requested quantity, you can only choose to execute a change request.

Total cost has increased by 10% or more. Original PO total cost was \$120 resulting in a percentage total cost change of 150%. Process as a change request from total cost \$120 to \$300.

Reason for change request:

| Discipline Quantities | | | | | | | | Qty Total | Unit Cost | Total Cost |
|-----------------------|-----|--------|-------|-----|----|-----|-----|-----------|-----------|------------|
| AG | LE | EMS-NF | EMS-F | FS | HZ | PW | PSC | 1 | \$300.00 | \$300.00 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| HC | EMA | PH | GA | CYB | NP | RTS | | | | |
| 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | |

| Grant | Total | Allocated | Available | Assigned |
|------------------|---------------|--------------|------------------|-----------------|
| Training | \$ 300,000.00 | \$300,000.00 | \$0.00 | \$120.00 |
| Subgrantee Funds | - | - | - | \$0.00 |
| | | | Required: | \$300.00 |
| | | | Delta: | \$180.00 |

[auto adjust]

i If you are requesting an increase by 10%, you will have to enter the reason for the change request. The SAA will have to approve this change request.

Step 4: Click Ok and Click Reimbursement

INVOICE ITEMS (status: Subgrantee invoiced incomplete)

| Expenditure | | | | | | | | Category | | |
|---|-----|---------------|--------------|-----------|-----------|-----------------|-----|---------------------------------|-----------|------------|
| Travel Cost for conferences and Fees for attending local trainings and meetings | | | | | | | | (130.TR.01,TAPD) Travel and Per | | |
| <input checked="" type="radio"/> Process the request as is, leaving no quantities behind for a future PO/Invoice. | | | | | | | | | | |
| Discipline Quantities | | | | | | | | Qty Total | Unit Cost | Total Cost |
| AG | LE | EMS-NF | EMS-F | FS | HZ | PW | PSC | 1 | \$100.00 | \$100.00 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| HC | EMA | PH | GA | CYB | NP | RTS | | | | |
| 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | |
| Grant | | Total | Allocated | Available | Assigned | | | | | |
| Training | | \$ 300,000.00 | \$299,980.00 | \$20.00 | \$100.00 | | | | | |
| Subgrantee Funds | | - | - | - | \$0.00 | [auto adjust] | | | | |
| | | | | | Required: | \$100.00 | | | | |
| | | | | | Delta: | \$0.00 | | | | |

 Click **Reimbursement**

 Click **OK**

PROJECT STATUS

Project Status as of this submission: >> On Schedule Behind Schedule Ahead of Schedule

Project Management Step as of this submission: >> Execute Control Close Out

INVOICE NOTES

Invoice Notes:

John Hall, Parking & Registration Receipt (6/5/19)

Attached Documents

[Attach Document](#)

 [Electronic Copy of I](#)

 [Electronic Copy of P](#)

ACTIONS

Reimbursement Save Invoice changes and place in queue for reimbursement.

Step 5: This screen will appear showing the change.

REIMBURSEMENT - Training (18TRAIN116) - RR190208000

| Subgrantee Remittance Address | | Contact Information | |
|-------------------------------|-----------------------------------|------------------------|----------------------|
| Organization: | Training Subrecipient | Name: | Rachel Woodall |
| Street: | 2720 Martin Luther King Jr Ave SE | Agency: | |
| City/State/Zip: | Washington, DC 20032 | City/State/Zip: | Washington, DC 20032 |
| Federal ID#: | | Phone: | 202-313-8767 |
| E-mail: | hsema.grants@gmail.com | Fax: | |
| Fax: | | | |
| Grant Number: | 18TRAIN116 | | |
| Sub-Grant Num: | 18TRAIN116-01 | | |

GRANT STATUS

| Project ID | Project | Grant Award | Review | On Order | Invoiced | Complete | Committed | Uncom |
|------------|--|--------------|--------|--------------|------------|-------------|--------------|-------|
| 3915 | Interoperable Communications Infrastructure (ICI) (Continuation) | \$300,000.00 | \$0.00 | \$216,130.00 | \$3,850.00 | \$50,000.00 | \$269,980.00 | |

REIMBURSEMENT ITEMS

| <input checked="" type="checkbox"/> | Detail | Project ID | Status | Invoice No. | Item | Inv. Amount | Reimb. An |
|-------------------------------------|--------|------------|--------|--|---|-------------|-----------|
| <input checked="" type="checkbox"/> | 1 | 3915 | Bui | John Hall, Parking & Registration Receipt (6/5/19) | Travel Cost for conferences and Fees for attending local trainings and meetings | \$100.00 | \$1 |
| Total Requested: | | | | | | \$100.00 | \$ |

REJECTION HISTORY

| Date | By | Reason |
|-----------|------------------|---|
| 02-Jul-19 | Coleman, Bettina | Please provide a copy of registration receipt. Thank you -Bettina |

[Print History](#)

ACTIONS

[Submit](#)

By attaching the reimbursement documents and clicking the submit button you are certifying that you have received and paid for the list of goods/services and where appropriate they currently appear on your inventory list.

[More Invoices](#)

Return to your expenditure list to enter more invoices for this reimbursement.

[Return](#)

Return to the Reimbursement Manager.

Attached Documents

[Electronic Copy of Invoice](#)

[Electronic Copy of Proof of Payment](#)

[Attach Document](#)

Attach documents to this reimbursement request.