**TRIBAL TOURISM PROGRAM: GRANT PROJECTS**

**REIMBURSEMENT REQUEST**

**RECEIPT WORKSHEET**

**Grant Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business name: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

With each request for reimbursement of eligible grant expenses, a package of forms and documentation must be submitted to the Program Manager.

1. Request for Reimbursement Form
2. Project Status Update Report
3. Receipts Worksheet

Some grant projects only involve one activity, such as a single purchase, and are easy to complete. Other grant projects have multiple expenses and activities being undertaken and therefore can be more complicated to track. For the Grantee and the Department to clearly track and understand what expenses are eligible for reimbursement, and to match itemized expenses listed below with their corresponding attached proof of payment document, this form must be completed accurately. It acts as a table of contents for reimbursable eligible expenses. Remember that expenses that do not have proof of payment documentation, or are not legible, will not be reimbursed, so be sure to save all your project receipts and documentation.

The **RECEIPTS WORKSHEET** form must be completed to organize and detail what each expense is and how it is directly related to the grant scope of work. All invoices, payment slips, proof of payment, bank records, and receipts documentation that must accompany this worksheet are listed and tabulated in the fillable fields below.

**EXAMPLE: RECEIPTS WORKSHEET**

* **Enter GRANT CONTRACT #, and corresponding EXPENSE DETAILS with each attached document (invoice, receipt, proof of downpayment, bank statement, check stub, etc.). Itemized receipts are required.**
* **If the purchases on one receipt or invoice were dedicated to one project, you do not have to list all items on the invoice on this form, but they must be itemized (detailed) on the receipt. A receipt with just a grand total with no details about the purchases made in the transaction will not be considered valid.**
* ***If the purchases on one receipt or invoice include items for multiple projects, you need to itemize the expenses with some descriptors, SEE BELOW in purple. Home Depot purchase was related to 3 elements of grant project, so they are listed with each related activity.***
* **Email** **rachelle.brown@mt.gov****, doctribal@mt.gov, or call 406-841-2734 with any questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONTRACT # | Expense 1 | Expense 2 | Expense 3 | Expense 4 | ROW TOTALS |
| EX. Project \_\_\_1\_\_Restroom install | $745 Home Depot 7/5/241 receipt for 3 projectsBath fixtures, hardware | $987 ADA Co. 7/20/24 invoice #002Asafety bars & stall doors  | $350 Land Co.7/10/24 invoice #1234Site prep | $1780 Hertz 7/28/24 invoice #09876 backhoe rental | $3862.00 |
| EX. Project \_\_\_2\_\_Arena lighting | $14.75 Home Depot 7/5/241 receipt for 3 projectsLight switches, elect tape, nut covers |  | - |  | $14.75 |
| EX. Project \_\_\_3\_\_Pavilion restore | $2000 Home Depot 7/5/241 receipt for 3 projectsPavilion- replacement wood rot |  |  |  | $2000.00 |
| Continues below |  | - | - | - | - |
|  |  |  |  |  |  |
| Ex. GRAND TOTAL | 1 Home Depot receipt$2759.75 7/5/24(P1 $745 + P2 $14.75 + P3 $2000)2 invoices 2 receipts 2 bank statements1 construction contract**Total of 7 attachments** |  |  |  | **$5,876.75** **July request for reimbursement** |

*BLANK FORMS TO BE FILLED IN….*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GRANT CONTRACT # | Expense 1 | Expense 2 | Expense 3 | Expense 4 | TOTALS |
| Project numberProject name |  |   |  |  | Grant total row |
| Project numberProject name |  |  | - | - | Grand total row |
| Project numberProject name |  |  |  |  | Grant total row |
| Project numberProject name | - | - | - | - | Grand total row |
| Project numberProject name |  |  |  |  | Grant total row |
| GRAND TOTALS | number of receiptsnumber of invoicestotal number of attachments |  |  |  | Grant total of column amount for reimbursement |

*BLANK FORMS TO BE FILLED, IN IF APPLICABLE, AND COPY AND PASTE MORE FORM BOXES IF NEEDED*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant Contract #Month/Year | Expense 1 | Expense 2 | Expense 3 | Expense 4 | TOTALS |
| Project numberProject name |  |   |  |  | Grant total row |
| Project numberProject name |  |  | - | - | Grand total row |
| Project numberProject name |  |  |  |  | Grant total row |
| Project numberProject name | - | - | - | - | Grand total row |
| Project numberProject name |  |  |  |  | Grant total row |
| GRAND TOTALS | number of receiptsnumber of invoicestotal number of attachments |  |  |  | Grant total of column amount for reimbursement |