**INSTRUCTIONS:**

* List all backup documentation individually.
* In the % used column, list the percentage amount used to calculate the amount requested of each item. (Example: if you are requesting $10.00 reimbursement for a $100.00 electric bill than the percentage used is 10%)
* Make sure the back up documentation is in order of the categories and in order of the breakdown sheet.
* All back up documentation invoices must be complete and itemized.

NOTE:

Proof of Payment is required for all documentation:

* When paying with Check : Copy of the canceled check or a copy of the check and bank statement.
* When Paying with a Debit Card: Copy of the bank statement.
* When paying with a credit card: Copy of the credit card statement and proof of payment of that statement.

A Sign in sheet or a list of attendees is required for all food purchases.

**Section 1: Category: Salary (Back up includes Paycheck Stubs, proof of payment) OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff/Position:** | **% used:** | **Salary Monthly Expenses Amount Requested** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 1: Total Salary for the Month** |  |  | A | B | C |

**Section 2: Fringe (Back up includes itemized invoices, proof of payment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff/Type:** | **% used:** | **Fringe Monthly Expenses Amount Requested** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Section 2: **Total Fringe for the Month** |  |  | A | B | C |

**Section 3: Category: Travel (Refer to the LA State Travel Guide PPM49)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff/Position:** |  | **Traveling Monthly Expenses Amount Requested** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 3: Total Travel for the month** |  | A | B | C |

**Section 4: Category: Operating Service (Back up includes itemized invoices, proof of payment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Items:** | **% used:** | **Operating Monthly Expenses Amount Requested** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 4: Total Operating Monthly Expenses** |  | A | B | C |

**Section 5: Category: Supplies (Back up includes itemized invoices, proof of payment, other)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supply Items:** | **% used:** | **Supplies Monthly Expenses** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 5: Total Monthly Supplies** |  | A | B | C |

**Section 6: Category: Professional (Back up includes itemized invoices, proof of payment, other)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Name & Service** | **% used:** | **Professional Monthly Expenses** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 6: Total Professional** |  | **A** | **B** | **C** |

**Section 7: Category: Other Charges (Back up includes itemized invoices, proof of payment, other)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Charges (list items)** | **% used:** | **Other Charges Expenses** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 7: Indirect Cost** |  | **A** | **B** | **C** |

**Section 8: Category: Equipment/Acquisitions (Back up includes itemized invoices, proof of payment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment/Acquisitions (list items)** | **% used:** | **Equipment/Acquisitions Expenses** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 8: Equipment/Acquisitions Total** |  | **A** | **B** | **C** |

**Section 9: Category: Indirect Cost (Back up includes itemized invoices, proof of payment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indirect Cost (list items)** | **% used:** | **Indirect Cost Expenses** | **LCTF Staff**  **all docs attached** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 8: Indirect Cost Total** |  | **A** | **B** | **C** |

**Monthly Budget Summary**

|  |  |
| --- | --- |
| Budget Item | Contract Monthly Total |
| Section 1: Salary |  |
| Section 2: Fringe |  |
| Section 3: Travel Expense |  |
| Section 4: Operating Service |  |
| Section 5: Supplies |  |
| Section 6: Professional |  |
| Section 7: Other |  |
| Section 8: Equipment/Acquisitions |  |
| Section 9: Indirect Cost |  |
| Total  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s Authorized Representative / Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by: LCTF Representative / Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by: Connie D. Nelson, Director

Finance and Administration

**COST CENTER:**

**FUND:**

**WBS:**

**GRANT** (highlight):

**GL ACCT**: