**EXERCISE REIMBURSEMENT CHECKLIST**

Use this checklist to ensure that you correctly complete the documentation required for your training reimbursement. The questions below will help you determine which documents you need to complete and submit. The forms you might need are attached to this file as PDF, MS Word, or MS Excel documents. You’ll find them on the left side of the PDF reader screen, noted with a paperclip symbol. Please use as many copies of these documents as necessary to complete your reimbursement documentation. Where indicated, please use your agency letterhead. Following the checklist are samples of a completed Summary Page and an Exercise Overtime/Backfill Summary Sheet.

**The documents listed below are required for all Exercise/Conference Reimbursements:**

 Sign-in sheet: A Template Sign-In Sheet is attached.

Cover Letter: A Template Cover Letter is attached. ***Note in your letter if HSEM has tied your Exercise to the State THIRA/SPR***

 Summary Page: A Template Summary Page is attached.

 Agenda with hours to match each event component

A Summary of Event or After-Action Report/Improvement Plan, on a disc or emailed to the Exercise Training Coordinator.

Please be aware one meal in line with costs for local area federal per diem is allowed for Exercises over 4 hours. (See p. 12 of Exercise Manual)

**Questions 1 through 5 explain the specific documentation that may be required, depending upon the nature of your request:**

1. **Are you requesting reimbursement for overtime/backfill of attendees?**

**No:** Skip to question 2

**Yes:** Please provide the documentation listed below:

*Notes: Overtime paid as compensatory time cannot be reimbursed. Overtime and backfill is paid by the municipality of agency via payroll; Grants Management then reimburses municipality or agency.* ***Only time in class/event is reimbursable****. Set up or breakdown expenses for participant may be allowed, but only if approved by Exercise manage at HSEM in advance. Retirement rates must be current.*

A Request for Overtime/Backfill Reimbursement Form must be completed for each person and signed by an authorized official. (*Ensure that requests match Excel calculations*). A blank Request for OT-Backfill Reimbursement Form is attached.

A completed Excel Spreadsheet summarizing personnel OT/Backfill; signed by authorized official (*Ensure requests match OT/BF Form and payroll documentation*). A blank OT/BF Excel Worksheet is attached and a sample of a completed form follows this checklist.

Payroll documentation that shows the overtime rate, hours, and total pay (which serves as proof of payment); signed by an authorized official. (*Ensure that requests match Excel summary calculations.*)

A Volunteer Declaration Form; *if volunteers participated*. A blank Volunteer Declaration Form is attached.

1. **Are you requesting reimbursement for expenses paid to a contractor?**

**No:**  Skip to question 3

**Yes:** Please provide the documentation listed below:

Proof of bidding process for contractor (see 2 CFR §200.318 through §200.320). Sole source is allowed in limited circumstances when in compliance with 2 CFR §200.320

 Copy of the signed contract with contractor

 Copy of the contractor invoice(s)

Proof of payment (front and back copy of cancelled check paid in full, or credit card statement with the charge and the next month’s credit card statement showing payment of the statement with the charge on it was paid)

1. **Are you requesting reimbursement for food provided during this event? (*Note: Event must be at least 4 hours long to receive reimbursement for one meal.*** *See p. 12 of Exercise Manual***)**

**No:** Skip to question 4

**Yes:** Please provide documentation listed below:

Invoice(s) with date and description of service

Proof of payment (front and back copy of cancelled check paid in full, or credit card statement with the charge and the next month’s credit card statement showing payment of the statement with the charge on it was paid)

1. **Are you requesting reimbursement for other vendor/contractor services provided during this event?**

**No:** Skip to question 4

**Yes:** Please provide documentation listed below:

Invoice(s) with date and description of service

 Proof of payment (front and back copy of cancelled check paid in full, or credit card statement with the charge and the next month’s credit card statement showing payment of the statement with the charge on it was paid)

 Evaluator’s expenses must show proof of payment to that party from Municipality

1. **Are you requesting reimbursement for one-time use supplies utilized during this event? (*Note: Equipment purchases are not allowable for exercises*)**

**No:** Review the attached documentation for completeness, and send to the Exercise Training Coordinator

**Yes:** Please provide documentation listed below:

List of what was purchased, why and when it was used

 Invoice(s) or receipts taped on 8 ½ x 11 paper

 Proof of payment (front and back copy of cancelled check paid in full, or credit card statement with the charge and the next month’s credit card statement showing payment of the statement with the charge on it was paid)